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MONTANA INSURANCE ASSISTANCE PLAN

1986 Report to the Legislature

Montana Insurance Department

Andrea "Andy" Bennett
State Auditor
Commissioner of Insurance

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COMMISSIONER OF INSURANCE
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December 31, 1986

MEMBERS OF THE FIFTIETH LEGISLATIVE ASSEMBLY

I am pleased to submit to you the Report of the Montana Insurance Assistance Plan for the calendar year of January 1, 1986, to December 31, 1986. This report is provided according to Montana Code Annotated 33-8-201 through 33-8-231 and Section 18 of House Bill 16. The Montana Code Annotated and House Bill 16 direct that I report to the 50th Legislature on the effectiveness of the Plan in providing insurance coverage for risks resident, located, or to be performed in this state and on the necessity to continue the authority granted by Section 14.

This report provides you with a summary of the activities and the effectiveness of the Montana Insurance Assistance Plan in assisting Montana insurance consumers over the past year. For informational purposes, I have also included a brief discussion of the state of the property and casualty insurance marketplace, as well as a discussion of alternative proposals to address the present insurance availability and affordability crisis.

Respectfully submitted,

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REPORT TO THE 50th MONTANA LEGISLATURE

The Montana Insurance Assistance Plan was authorized in the March 1986 Special Session of Montana's 49th Legislature. The Plan was created in response to the availability crisis facing Montana insurance consumers in securing commercial liability insurance. The Plan is authorized, by House Bill 16, to assist consumers in locating commercial liability insurance coverage for 1) Political Subdivisions, 2) Day Care Homes, 3) Day Care Centers, and 4) Liquor Liability. Insurance consumers who encounter difficulty in securing insurance coverage for these specific categories are encouraged to apply to the Montana Insurance Assistance Plan which will help to locate an available insurance market for the risk, but only after the applicant has been denied insurance coverage from three separate sources. The Plan does not address questions of affordability, but only availability by attempting to locate a viable market which will consider the underwriting risk. The Plan has been operational since June 1, 1986, in which time it has received over 300 inquiries as well as 30 applications for market assistance in locating an available commercial insurance market for a specific liability risk.

The Montana Insurance Assistance Plan has been successful in acquiring insurance liability quotes for 16 of 21 qualified applicants, (76.19%), with five applications still pending. The Plan has also been successful in gathering the participation of 83 insurance companies who underwrite 62.49% of the direct written premiums in the General and Commercial Multi-Peril insurance lines in Montana. In addition, the Plan has responded to over 300 inquiries regarding insurance assistance for everything from asbestos removal to vocational colleges. The Montana Insurance Assistance Plan has established a channel of communication and strengthened the working relationship among the Montana Department of Insurance, the insurance industry in Montana, independent agents, and Montana insurance consumers. Although the Plan has only been operational for six months, it has succeeded in assisting difficult to place insurance risks by locating available commercial lines insurance underwriters and responding to consumer inquiries regarding insurance market availability and affordability.

Through its efforts to secure insurance quotes, the Montana Insurance Assistance Plan has achieved success in helping Montana insurance consumers locate commercial liability insurance coverage for difficult to place insurance risks. Thus, the plan has succeeded in meeting the goals set by the Legislature.

MONTANA INSURANCE ASSISTANCE PLAN: AN OVERVIEW

The Montana Insurance Assistance Plan was authorized in March 1986 in response to the insurance availability and affordability crisis occurring not only in Montana, but across the nation.

Many studies have been conducted regarding the insurance crisis. It is apparent that the current insurance industry crisis is a combination of many factors acting simultaneously to produce not only a downswing in the insurance cycle, but a lack of insurance availability and affordability for consumers. The question is not whether there is an insurance crisis or not; there is as long as consumers continue to encounter difficulty in securing commercial liability insurance for specific lines of insurance coverage. The question is how government, the insurance industry, society, and consumers are going to work together to solve the problem. The Montana Insurance Assistance Plan was created to bring these four groups together in order to solve the problem through a joint effort. The Montana Insurance Assistance Plan has strengthened the line of communication between the insurance industry, consumers who can not locate commercial liability insurance, and the Montana Department of Insurance to resolve problems of availability.

In order to attack the liability insurance crisis, the Montana Department of Insurance was authorized by the 1986 Special Session of the Montana Legislature to establish a Market Assistance Plan. During May of 1986, the Commissioner of Insurance wrote to nearly 585 property and casualty insurance companies and 160 surplus lines agents transacting business in Montana and asked for their voluntary participation in the plan. Specifically, insurers were requested to indicate whether they would participate in the program and to advise the Department of Insurance of the types or classes of risks which they would be willing to consider (Classes: Political Subdivisions, Liquor Liability, Day Care Homes, Day Care Centers, Directors & Officers Liability, Commercial Auto Liability, Oil & Gas Liability, Recreation Coverage, Product Liability or any Other liability insurance they might consider). Of the original 585 companies polled, approximately 83 responded affirmatively and indicated a willingness to consider certain specified types or classes of risks. This information forms the body of data upon which the Montana Insurance Assistance Plan operates.

Essentially, the program operates on an "Application" basis, with insurance agents submitting an applicant's application for market assistance to the Montana Insurance Assistance Plan. The applicant must show that he/she has been denied insurance coverage from three different sources and must submit a predetermined administrative fee for processing the application. The application is then reviewed by the MIAP Administrative Assistant to determine its eligibility. If the application is eligible, the MIAP Administrative Assistant

submits the application to an agent who has volunteered to serve on the Agents Committee. The Agents Committee representative then contacts those insurance companies who have agreed to participate in the plan, or any other available markets that the agent may be aware of, to inquire whether or not they would quote a premium for the risk, extend coverage already in place for the risk until another market can be located, or continue the insured's present commercial liability coverage. Once a company provides a quote for the applicant, the Montana Insurance Assistance Plan has fulfilled its goal of locating an insurance market for the applicant. If the Agents Committee cannot locate a market, the application is then sent to the Underwriters Committee. At this stage, those insurance companies who have agreed to participate in the Plan are expected to quote on 1 out of every 5 applications submitted to them. Once again, when a company provides a quote for an applicant the Montana Insurance Assistance Plan has fulfilled its goal in locating liability insurance.

Since its inception in May 1986, the Montana Insurance Assistance Plan has handled over 300 inquiries and 30 applications. In the vast majority of cases, the Market Assistance Program, in cooperation with the Montana Department of Insurance, has been able to assist in some manner to find a market for the risk in question. Although many risks are being placed by the MIAP, most risks are not finding "bargain" rates for their insurance. Nevertheless, the Montana Insurance Assistance Plan has been a valuable tool in resolving availability problems for a number of risks having difficulty obtaining commercial liability insurance.

STRUCTURE OF THE MONTANA INSURANCE ASSISTANCE PLAN

The structure of the Montana Insurance Assistance Plan is formally established in Montana Code Annotated, 33-8-201 through 33-8-231, and House Bill 16. The Plan is under the direction of the Commissioner of Insurance and the Chairman of the Advisory Committee, with the Administrative Assistant performing the daily operating responsibilities. The structure of the Plan is composed of three committees. All three committees are made up of volunteer members who receive no compensation for their assistance to the Plan. The three committees are the Advisory Committee, the Agents Committee, and the Underwriters Committee.

The Advisory Committee consists of one member from the Department of Insurance, one member representing agents, and three members representing company underwriters. The Advisory Committee's responsibilities are as follows:

1) Principal operations committee and shall receive the initial application from applicants for insurance assistance who have encountered an availability-related insurance problem.
2) Maintain a data base regarding the applicants to the program.
3) Authorized to give direction to the plan and to the Agents and Underwriters Committees. The Committee shall meet as needed and review the activities of the Agents and Underwriters Committees and all other operations of the Plan.
4) Review and authorize all letters stating that the Plan is unable to be of assistance. The Advisory Committee may override all decisions of the Agents and Underwriters Committees and may resubmit to the Plan an application that has been denied by either Committee.
5) Members of the Advisory Committee are: Mr. Carl Swanson, Chairman of the Advisory Committee and Manager of U.S.F. & G.; Mr. John Bebee, Deputy Commissioner of Insurance for the State of Montana; Mr. Roger McGlenn, Executive Director, Independent Insurance Agents of Montana; Mr. John Tauer, Manager, St. Paul Companies; and Ms. Diane Schneider, Underwriting Manager of CNA Insurance.

The Agents Committee consists of two members representing the Independent Insurance Agents of Montana (IIAM), one member representing the Professional Insurance Agents (PIA), one member representing the excess and surplus lines agents, and one member representing direct writer agents. The Agents Committee is responsible for the following duties:

1) Process properly executed applications accompanied by appropriate underwriting information.
2) Review each application to determine the availability problem and then resubmit the application to the

present or most recent insurer for reconsideration; investigate other sources of insurance; or negotiate extensions of coverage with the prior insurer to allow time for additional exploration of markets of accumulation of essential underwriting data.

3) If these actions should fail, the Chairman shall refer the application with appropriate comments to the Underwriting Committee.
4) Members of the Agents Committee are: Mr. Bruce Mihelish, Agents Committee Chairman and Manager of Insurance Inc.; Mr. Bob Wuttke of Western States Insurance Agency; Mr. Gordon McManus of the Flynn Agency; Mr. Jim Smith of First West, Inc.; and Mr. Jim Paffhausen of State Farm Insurance.

The Underwriters Committee consists of one member representing the American Insurance Association (AIA), one member representing the National Association of Independent Insurers (NAII), one member representing the Alliance of American Insurers (AAI), one member representing unaffiliated insurers, and one member representing excess and surplus lines underwriters. The Underwriters Committee is responsible for the following duties:

1) May provide technical assistance on those lines of business for which member insurers have agreed to participate.
2) May consider and act only on applications referred to it by the Agents Committee.
3) Establish a rotation system that permits a participating insurer to offer insurance coverage that it is qualified to write in this state to a qualified, eligible applicant.
4) If the Underwriting Committee finds that it can not assist the applicant, the Chairman shall draft a letter to the Commissioner of Insurance with an explanation. The letter shall be transmitted to the Advisory Committee for review.
5) Members of the Underwriters Committee are: Mr. Kent McPhail, Chairman of the Underwriters Committee and Commercial Lines Supervisor for U.S.F.& G.; Mr. John Gettles, Safeco Insurance; Mr. Ed Judge, Rocky Mountain General Agency; Mr. Chuck Norman, Fireman's Fund Insurance; and Mr. John Korpela, Farmers Union Mutual Insurance.

These three committees, along with the Commissioner of Insurance, form the backbone of the Montana Insurance Assistance Plan. Their success and the success of the program requires that all parties involved work together to achieve the goal of a healthy insurance industry as well as available and affordable insurance for Montana consumers. Limited success has been achieved in the short period of time that the Plan has been operational, but any future success requires that insurance company representatives, independent agents, and government

regulators continue to work closely together through an established line of communication such as the Montana Insurance Assistance Plan.

A discussion of the Montana Insurance Assistance Plan's structure would not be complete without an introduction of the organizational guidelines governing the program as developed by Montana's 49th Legislature, the Commissioner of Insurance and the Advisory, Agents, and Underwriters Committees. The following is a brief explanation of each organizational guideline:

1) House Bill 16 - Montana Code Annotated 33-8-201 through 33-8-231 codified House Bill 16 which created the Montana Insurance Assistance Plan as well as the authority to develop the rules governing the plan and its goals. The bill also set forth the organizational structure for the plan which was then used to develop the Articles of Agreement, Plan of Operation, and the Rules of Operation. (See Appendix #1)

2) Articles of Agreement - The Articles of Agreement define the Montana Insurance Assistance Plan's name, purpose, effective date, plan participation, Advisory Committee, Plan of Operation, and record and reports. (See Appendix #2)

3) Plan of Operation - The Plan of Operation defines the Montana Insurance Assistance Plan's operations formally and sets forth requirements for a list of participating insurers, Advisory Committee operations, disposition of applications, Agents Committee operations, Underwriters Committee operations, participant action, and committee final disposition. (See Appendix #3)

4) Montana Insurance Assistance Plan Administrative Rules - The rules were adopted through the administrative public hearing process and serve to formalize definitions pertinent to the Plan, agent commissions, applications and application fees, fiscal arrangement, unavailability, eligible applicants, lines of insurance, effective date of policy, and severability. (See Appendix #4)

The development and adoption of these guidelines then led to the development of specific documents in order to conform with said rules. The following is a listing and brief description of each document that has been designed in response to the rules and operational needs of the Montana Insurance Assistance Plan.

5) MIAP Commercial Liability Cover Application - The cover application is required as part of an applicant's eligibility into the program. The cover application form gathers information regarding the

submitting insurance agent, insured information, policy information, and application fees. (See Appendix #5)

6) ACORD Commercial Insurance Application Form - The ACORD form is required as part of an applicant's application for market assistance. The ACORD form details information regarding agent producer, status of submission, package policy information, applicant information, location information, nature of business, prior carrier information, loss history, coverages/limits, schedule of hazards, and other pertinent information that may be applicable. (See Appendix #6)

7) MIAP Statement of Participation - This form was sent to 585 property and casualty companies as well as 160 surplus lines agents, who transact insurance business in the state of Montana, requesting their participation in the Montana Insurance Assistance Plan. The statement also gathers relevant information about the company such as address, phone number, contact person, and lines of insurance they are willing to consider underwriting through the Plan. (See Appendix #7)

8) MIAP Letter of Reconsideration - This letter was sent as a follow-up to those companies who indicated on the statement of participation that they were requesting a waiver of participation from the Plan. The letter was sent to these companies in an attempt to solicit greater participation on their behalf with respect to the Montana Insurance Assistance Plan. (See Appendix #8)

9) MIAP Commercial Liability Questions and Answers - This handout was designed in order to provide explanatory information about the Plan, its purpose, risks eligible for assistance, authority of the plan, application criteria, and other questions of a general nature. The question and answer handout was designed to help inform insurance consumers, independent agents, legislators, and the public regarding the Montana Insurance Assistance Plan. (See Appendix #9)

10) Application Progress Reports - These progress reports were developed to assist the Agents Committee representative in documenting their efforts to secure insurance for the applicant. The application progress report becomes a permanent document in the applicant's file as well as providing valuable information regarding various companies and their participation, or lack thereof, in the Montana Insurance Assistance Plan. (See Appendices #10 - #12)

The organizational structure of the Montana Insurance Assistance Plan has worked efficiently and effectively in assisting Montana insurance consumers in locating available liability markets for difficult to insure risks. The Plan has achieved success over the past six month operational period because its organizational structure requires the involvement of the Department of Insurance as well as insurance agents, companies through their representatives, legislative representatives, insurance consumers, and the public as a whole.

MONTANA INSURANCE ASSISTANCE PLAN
DATABASE DEVELOPMENT: MONTANA INSURANCE INDUSTRY

In order for the Montana Insurance Assistance Plan to achieve any type of success, some type of comprehensive insurance industry database is necessary. To this end, a great deal of time has been spent researching, gathering, documenting, and developing a limited database. A portion of the database has been assembled in response to the requirements set forth in the Montana Insurance Assistance Plan's plan of operations and House Bill 16. The following is a summary of the current database which has been used to support not only the Plan, but this document as well.

1) Participating Companies Report - This report was developed in response to the requirements of the Montana Insurance Assistance Plan's plan of operations. According to the plan of operations, "The Commissioner shall maintain a master list of participants, by lines, willing to participate in the Plan. This list shall then be forwarded to the Committees for use by the Plan. An alphabetical master list shall be kept current by the Commissioner." As of December 1, 1986, 83 companies had agreed to actively participate in the MIAP.

   a) The master list of participants reports the company's name, address, phone number, and industry rating according to Best's 1986 Insurance Ratings Guide. (See Appendix #13)

   b) The master list of participants was then broken down to extract individual lists for each line of insurance coverage as indicated by the company's Statement of Participation. There are 10 individual lists, each specified by line of insurance, beginning with Political Subdivisions, Day Care Centers, Day Care Homes, Liquor Liability, Directors & Officers, Commercial Auto, Oil & Gas, Recreation Coverage, Product Liability, and ending with "Other" lines. (See Appendices #14 - 23)

2) Participation/Waiver Request Report - This report was developed in response to the requirement of House Bill 16, Section 9, which states "Insurer membership - election not to participate. (1) The Commissioner shall develop a listing of participating insurers as provided in subsection (2). (2) The Commissioner shall mail to each admitted property and casualty insurer and eligible surplus lines insurer a bulletin outlining the conditions of the Plan and advising that each is considered to be a voluntary participant. An insurer may request permission not

to participate by providing to the Commissioner reasons why its participation should be waived."

a) The master Participant/Waiver Request Report is a comprehensive listing of those companies sent requests for a statement of participation and their respective response to the Montana Insurance Assistance Plan. The report identifies those companies who have agreed to participate in the MIAP and those companies requesting a waiver of participation. The Report also details information regarding the company's name, address, phone number, and the reason the company has requested a waiver of participation from the Plan. (See Appendices #24 and #25)

3) Application Summary Report - This report was developed in response to the requirements of the Montana Insurance Assistance Plan's plan of operations which states "The Advisory Committee shall prepare a monthly status report to be submitted to the Commissioner." House Bill 16 also requires that "Information of the initial contact must be maintained on a standard form that contains the following information: name, address, phone number, kind of coverage and limits needed, information regarding the current or most recent insurance agent, information regarding the applicant's current or most recent insurance company, names of insurers contacted for coverage, summary of advisory committee actions, and other information as considered necessary to document the applicant's availability problem." The Application Summary Report is a biweekly status update provided to the Commissioner of Insurance and committee chairmen regarding the Plan's activities in assisting applicants in the location of insurance markets. (See Appendix #26)

4) Status Summary Report - This report was developed in response to the requirements of the plan of operations which calls for "The Advisory Committee shall prepare a monthly status report to be submitted to the Commissioner. This report shall include a statistical display showing the number of applications received, the disposition of those applications, and the distribution and participation of members to insure equitable participation in the Plan." In order to meet this requirement, the MIAP Administrative Assistant has developed two separate reports.

a) Status Summary Report - This report was developed to inform the Commissioner and Committees of the status of the applications

received by the Plan. The report identifies the total applications received, qualified applications, unqualified applications, incomplete applications, withdrawn applications, applications sent to the Agents and Underwriters Committees, extensions of coverage, applications pending, applications quoted, and inquiries received for assistance through the Plan. (See Appendix #27)

b) Company Participation Ratio Report - This report was developed in order to determine the distribution and participation of members in the Plan. The Company Participation Ratio Report is based upon the quotes provided by a company through either the Agents or Underwriters Committees which are also separate reports themselves. The combination of the Agents Committee Quote Summary and the Underwriters Committee Quote Summary provides the statistical information necessary to develop a company's overall ratio of participation in the Plan. The Underwriters Committee Quote Summary was developed in response to House Bill 16 which requires that "A participating insurer is expected to quote on at least one out of every five applications received from the Underwriting Committee." and the Montana Insurance Assistance Plan's plan of operations which states "A participant is expected to quote on at least one out of every five applications submitted to it by the Underwriting Committee." (See Appendix #27)

5) MIAP Participants Written Premiums Percentage Report - This report was developed as a supplement to the MIAP Participant/Waiver Request Report. It provides a breakdown of the percentage of premiums written in the commercial multi-peril and general liability Insurance lines by those companies who have agreed to participate in the Montana Insurance Assistance Plan. The 83 companies participating in the Plan at present underwrite 62.49% of the premiums written in the State of Montana under these two categories of insurance. (See Appendix #28)

6) MIAP Non-Participants Written Premiums Percentage Report - This report was also developed as a supplement to the MIAP Participant/Waiver Request Report. It provides a breakdown of the percentage of premiums written in the commercial multi-peril and general liability insurance lines by those companies who have requested a waiver of participation in the Montana Insurance Assistance Plan. The 246 companies requesting a waiver of participation underwrite 13.88%

of the premiums written in the State of Montana under these two categories of insurance, with the remaining 23.63% of the premiums written by those companies who have not replied to the Program. (See Appendix #29)

7) MIAP Bank Account Summary - This report was designed in order to meet the requirement set forth in the Montana Insurance Assistance Plan's plan of operations which states "The Plan will deposit the application fee in a separate bank account established for the Plan." Thus, the Bank Account Summary Report was developed in order to inform the Commissioner and Committees of the application fees received and their disposition. (See Appendix #30)

This listing completes the synopsis of the Montana Insurance Assistance Plan's database development efforts to date. Although this office has developed a substantial database, it is only a stepping-stone in an effort to develop a comprehensive database regarding the insurance industry in the State of Montana.

THE MONTANA INSURANCE CRISIS: ALTERNATIVE PROPOSALS AND DISCUSSIONS

The insurance crisis occurring in the State of Montana, and around the nation at present, has generated a great deal of debate among insurance commissioners, government legislators, insurance agents, insurance industry representatives, lobbyists, and consumers. The commercial liability crisis of 1985 occurred for a number of reasons. The following is a brief synopsis of the prominent arguments regarding the current "insurance industry crisis".

One argument put forth is that the current insurance industry crisis was brought about by the industry itself through underpricing by companies in an attempt to increase their respective market share as well as using the increased premium income to achieve a higher rate of return on their investment portfolio. Such cutthroat pricing, with little or no consideration given to future payout losses, was based upon the belief that the investment income generated by the increased premium income could be used to offset any future losses while improving the company's profitability immediately as well as their rate of return. Therefore, the insurance industry itself has brought about the current crisis through poor management and industry practices.

Another explanation put forth is that the current insurance industry crisis was brought by the expansionist, almost capricious nature of the liability and judicial system within this country. Insurance industry advocates believe that expansion of the judicial system's erosion of tort law has led to a monetization of the legal system with insurance companies becoming the instrument through which wealth is being redistributed to society, but at the cost of free enterprise and the companies themselves. The insurance industry argues that an "entitlement" psychology has become deeply rooted in society, that there has been an erosion of traditional fairness doctrines that liability should be based on what the defendant knew or should have known when they acted or failed to act, that insurance contracts are increasingly being ignored even when the contract language is clear, and that there has been a gradual shift from traditional requirements that responsibility must be proved against specific, identifiable defendants to theories of enterprise liability.

Although each party advocates their own theory as to why the crisis has and is occurring, a common denominator exists within each group's arguments: There is a "FIRE" raging within the American insurance industry and corrective actions are needed immediately. As the 50th Montana legislative session approaches, various interest groups will be lining up support for their "cure-all" to the insurance crisis. The following is a brief discussion of the various "insurance industry crisis"

proposals and alternatives currently under discussion across the nation.

1) TORT REFORM - Tort reform measures are currently being discussed and proposed in 38 of 50 state legislatures and are highly advocated by the insurance industry itself. The insurance industry currently advocates that the following tort reforms would bring a greater degree of rationality and predictability to tort law, and thereby significantly assist in resolving the availability/affordability crisis. The reforms are:

   a) RETURN TO FAULT AS THE BASIS FOR LIABILITY. For product liability cases the common law of strict liability should be followed in its traditional sense and for non-product liability cases, negligence should be the only standard of liability.

   b) BASE CAUSATION FINDINGS ON CREDIBLE SCIENTIFIC AND MEDICAL EVIDENCE AND OPINIONS. Traditional scientific facts should be the basis for causation findings, not theories developed by legal experts that are often outside the mainstream of accepted scientific beliefs and theories.

   c) ELIMINATE JOINT-AND-SEVERAL LIABILITY CASES WHERE THE DEFENDANTS HAVE NOT ACTED IN CONCERT.

   d) LIMIT NON-ECONOMIC DAMAGES, SUCH AS PAIN AND SUFFERING, MENTAL ANGUISH, AND PUNITIVE DAMAGES TO A FAIR AND REASONABLE MAXIMUM DOLLAR AMOUNT.

   e) USE PERIODIC - RATHER THAN LUMP SUM - PAYMENT OF DAMAGES FOR FUTURE MEDICAL CARE OR LOST INCOME.

   f) IN CASES IN WHICH A PLAINTIFF CAN BE COMPENSATED BY CERTAIN COLLATERAL SOURCES, REDUCE THE AWARD TO PREVENT A WINDFALL DOUBLE RECOVERY.

   g) LIMIT ATTORNEY FEES TO A REASONABLE AMOUNT BY USING A SLIDING SCALE WHICH WOULD REDUCE THE PERCENTAGE OF THE ATTORNEY'S CONTINGENT FEE AS THE SIZE OF THE AWARD INCREASED.

   h) ENCOURAGE THE USE OF ALTERNATIVE DISPUTE RESOLUTION MECHANISMS TO RESOLVE CASES OUT OF COURT.

   i) ESTABLISH SANCTIONS TO DISCOURAGE FRIVOLOUS LAWSUITS BY REQUIRING THE PLAINTIFF IN FRIVOLOUS CASES TO PAY THE DEFENDANT'S COSTS AND ATTORNEY FEES UP TO $10,000.

j) UNPAID DIRECTORS AND OFFICERS OF PUBLIC BENEFIT NOT-FOR-PROFIT ORGANIZATIONS SHOULD BE IMMUNE FROM LIABILITY IN THIRD-PARTY TORT CLAIMS, UNLESS THERE WAS GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT.

2) MARKET ASSISTANCE PROGRAMS - Market Assistance Programs, such as the Montana Insurance Assistance Plan, are currently in limited use in 38 states across the nation. A Market Assistance Program (MAP) acts as a clearinghouse which matches the insurance consumer with an insurance provider of that coverage. It does not underwrite insurance, but is merely an information exchange and does not guarantee the placement of all risks and may not be applicable to all kinds of risks. Under the MAP concept, companies retain their own underwriting standards and have limited pricing flexibility. MAPs are most effective when they include a large number of participating carriers, particularly the largest underwriters within the state. This solution requires that the insurance industry, insurance agents, government legislators, insurance commissioners, and insurance regulators pull together in order to formulate long-term solutions to availability and affordability problems while avoiding short-term, quick fix solutions which may only aggravate the current problem.

3) JOINT UNDERWRITING ASSOCIATIONS (JUA) - JUAs are usually implemented in those areas of business where the state mandates insurance or where insurance is essential to the state's "health". JUAs typically require that all or a portion of the admitted property and casualty insurance companies operating within the state provide a pool to absorb uninsurable risks. JUAs are viewed, by the insurance industry, as inadequately funded pools which are forced to take on uninsurable risks and significantly add to the present liabilities of the industry at a time when the industry can ill afford such restrictions. JUAs have been implemented in a number of states, but recent studies and documentation suggest that these JUAs are in significant financial trouble because they tend to be inadequately funded and mask the underlying problems within the industry itself as well as the liability system.

4) RATE REGULATION - Rate regulation allows insurance regulators to establish and regulate the insurance premium rates of insurance companies transacting business within their states through a variety of market mechanisms. These market controls range from open competition, which entails little or no rate regulation, to prior approval which requires the approval of all insurance premium rates before those

rates may be implemented. The following is a listing of various forms of rate regulation:

a) OPEN COMPETITION - Open competition is the least restrictive form of rate regulation, and means that rates are not filed with the insurance department. Such a system is feasible for large states such as California, where it is currently in place, because the large volume of total premiums keeps the rates competitive. However, because of Montana's very small total premiums, such a system may be ineffective in providing reasonable insurance rates for Montana insurance consumers.

b) FILE AND USE - File and use represents the next level of regulation which is currently in use in the state of Montana. This system requires insurers to file their rates with the Department of Insurance. The Commissioner can review the filed rates to determine if they are inadequate, excessive or unfairly discriminatory, and to require additional documentation or explanation of those rates determined to be either excessive or inadequate. For this system to operate at a high level of efficiency requires a significant commitment to and level of personnel.

c) PRIOR APPROVAL - Prior approval is a very restrictive form of regulation which requires companies to file their premium rates and to obtain approval of those rates from the Commissioner of Insurance before those rates can be used.

d) FLEX-RATING - Flex-rating represents a fairly new form of rate regulation currently being implemented in the state of New York. Under this system, insurers writing selected commercial lines of insurance are allowed to deviate rates within an established percentage band without obtaining prior approval from the Commissioner of Insurance. The Commissioner must determine the lines of insurance which would be allowed to participate in such a plan, and also determine the base rate and the percentage band.

5) RISK RETENTION - The Product Liability Risk Retention Act of 1981 preempted certain state laws that restricted the formation of risk retention groups for providing product liability insurance. The Act, on a limited basis, allows the formation of product liability insurance companies and insurance purchasing groups outside of the realm of state regulation. The

Liability Risk Retention Act of 1986 expands the scope of the 1981 preemption to enable risk retention groups and purchasing groups to provide not only product liability insurance but all types of commercial liability insurance.

a) RISK RETENTION GROUPS - Risk Retention Groups become the insurance company providing liability coverage under the Act. The state in which a risk retention group is chartered retains authority to regulate it while the non-chartering states in which a risk retention group operates have limited authority over it. A non-chartering state has more authority to regulate a risk retention group under the 1986 Act than it had under the 1981 Act. A risk retention group must have only members who are engaged in businesses or activities similar or related with respect to liability by virtue of similar or common business, trade, product, services, premises, or operations. A risk retention group must be licensed as an insurer under the laws of one of the 50 states. The chartering state may regulate the formation and operation of a risk retention group.

b) PURCHASING GROUPS - Purchasing groups can be comprised only of members with similar or related liability exposure by virtue of common business, trade, product, services, premises, or operations. A purchasing group may be domiciled in any state. A purchasing group purchases only for its group members and only to cover their similar or related liability exposure.

6) A CHARTERED INSURANCE CORPORATION FOR INSURANCE CARRIERS - This is a proposal that has been developed using the Federal Deposit Insurance Corporation (FDIC) as a model. The corporation would be implemented on a national level with the purpose of replacing the individual state's guaranty funds and any other inconsistent approaches to resolving insurance solvency dilemmas.

7) CLAIMS MADE POLICY FORM FILINGS - In 1984, the Insurance Services Office (ISO) filed with regulators around the country revised policy forms and rules applicable to its Commercial General Liability (CGL) Insurance Program. This filing is extremely complex and has been amended numerous times. The most controversial portion of the new CGL filing has been the addition of a claims-made form for writing commercial liability, as well as continuation of the traditional occurrence basis. Prior to this time, the use of claims-made coverage had been primarily in the

professional liability lines such as medical malpractice. However, claims-made forms, as modified, have now been accepted in a number of states, only after much heated debate among insurance agents, companies, regulators, and the insurance consuming public. The claims-made form is extremely complex. It also allows potential gaps in coverage to occur, thus exposing the insured to risks for which they believed they had insurance coverage. Thus, claims-made coverage requires the insured and/or his/her agent to carefully monitor the aggregate premium dollar limits, reserves placed on those limits, retroactive dates, and tail coverages in order to prevent any gaps in insurance coverage.

8) ALTERNATIVE DISPUTE RESOLUTION (ADR) - The primary objective of an ADR is to resolve conflicts through cooperation rather than an adversarial proceeding. An excellent example of an ADR is the television program the "People's Court" which allows a plaintiff and defendant to settle a small claims appeal before a judge who acts as an arbitrator. ADRs are generally most effective in cases where the issues are clearly defined, the power of the disputants is relatively equal, and the parties believe they must negotiate in order to achieve their goals. An ADR may be ineffective in cases involving numerous parties or factions, ideologically-based conflicts, non-forseeable long-term trends or impacts, and constitutional and public law issues. A dozen or more procedures could be classified as alternative dispute resolution mechanisms. The following is a listing of the most common ADR mechanisms presently in use:

a) ARBITRATION - This is one of the oldest ADR methods and the one that operates most like a court proceeding. Arbitration involves one to three neutral hearing officers (arbitrators) who listen to the facts of the case (hearings average only 2 to 6 hours) and then render a decision within 30 days. The hearing is very informal and places limits on the time allowed for discovery, does not allow for continuances, few if any witnesses may be permitted to testify with depositions of testimony taken ahead of time, and a transcript of the hearing is not allowed. Due to the informality of the proceeding and its ability to bind both parties to a decision, arbitration can reduce legal expenses. The Wall Street Journal recently reported that an average civil trial in a federal court lasts about 4 days and costs the court $2700 per day; the average arbitration proceeding in Pennsylvania (the Eastern Arbitration District) cost $47.00.

b) MEDIATION - In mediation, a neutral third party meets with the opposing sides and encourages them to reach a compromise. Once again, it is a very informal process, like arbitration, and relies on the parties' cooperation to settle the dispute through compromise.

c) MINITRIAL - The minitrial is a private means of resolving disputes between corporations. The one-day minitrial is a highly condensed "trial", before a neutral third party, designed to reveal the strengths and weaknesses of each side's position and how the case might come out if it actually went to trial. With this newly acquired information, both sides are encouraged to meet after the minitrial and compromise to reach a settlement. Several hundred companies, including about half of the 100 largest in the United States, have signed a pledge indicating their willingness to use ADR mechanisms whenever possible to resolve disputes.

d) SUMMARY JURY TRIAL - The summary jury trial is aimed at those who feel they need a "day in court" before a case is settled or who want to know how a jury would decide their case. The process is private, but court administered. A judge or magistrate usually presides and a six-member jury is chosen. After attorneys for both sides present their arguments, the jury reaches a verdict that may be accepted by both parties or at least form a basis for compromise.

e) PRIVATE JUDGING - This procedure may be used to resolve corporate disputes. The procedure involves selecting a third party to hear a condensed version of the case and render a decision that is binding, but subject to appeal.

f) NEUTRAL EXPERTS & SPECIAL MASTERS - These people are in effect mediators who have expertise in the area under dispute and help resolve issues involving a number of parties.

g) MULTI-DOOR COURTHOUSE - This concept involves making a smorgasbord of ADR techniques available to all citizens under one roof.

Although this is not a comprehensive listing of those proposals being discussed around the country, it does contain many of the major reforms under consideration by state legislatures. However, it should be noted that these proposals and/or alternatives must be considered on a state by state basis in order to adequately address that state's specific insurance industry crisis.

APPENDIX # 1

STATEMENT OF INTENT

HOUSE BILL 16

House Business and Labor Committee

A statement of intent is required for House Bill No. 16, creating the Montana Insurance Assistance Plan (plan), because it gives rulemaking power to the Commissioner of Insurance (commissioner).

In Section 8, the commissioner is authorized to adopt rules to set application fees. It is the intent of the legislature that the application fees be commensurate with the cost of reviewing the application.

In Section 14, the commissioner is authorized to adopt rules to establish a nonprofit unincorporated legal entity known as a joint and underwriting association. The commissioner may use the rulemaking authority provided in Section 14 only if, after a public hearing, he determines that a voluntary plan would fail for any reason to provide essential insurance coverage. It is the intent of the legislature that, if insurance remains unavailable through the efforts of a voluntary plan, a joint underwriting association, comprised of insurers licensed to transact insurance in this state, be established.

IN SECTION 14, THE COMMISSIONER IS AUTHORIZED TO ADOPT RULES TO ESTABLISH A NONPROFIT UNINCORPORATED LEGAL ENTITY KNOWN AS A JOINT UNDERWRITING ASSOCIATION. THE COMMISSIONER MAY USE THE RULEMAKING AUTHORITY PROVIDED IN SECTION 14 ONLY IF, AFTER A PUBLIC HEARING, HE DETERMINES THAT A VOLUNTARY PLAN WOULD FAIL FOR ANY REASON TO PROVIDE ESSENTIAL INSURANCE COVERAGE. IT IS THE INTENT OF THE LEGISLATURE THAT, IF INSURANCE REMAINS UNAVAILABLE THROUGH THE EFFORTS OF A VOLUNTARY PLAN, A JOINT UNDERWRITING ASSOCIATION, COMPRISED OF INSURERS LICENSED TO TRANSACT INSURANCE IN THIS STATE, BE ESTABLISHED.

In Section 16, the Commissioner is authorized to adopt reasonable rules to effectuate the plan, to establish procedures through which determination is to be made as to the eligibility of particular proposed coverages for placement in the plan, and to establish procedures and operations by which agents and others designed to assist those agents may comply with the plan. It is the intent of the legislature that the commissioner adopt reasonable rules to implement a plan to assist in resolving market unavailability problems or to determine whether insurance coverage is unavailable through the regular sources of insurance to risks resident, located, or to be performed in this state.

HOUSE BILL NO. 16
INTRODUCED BY MILLER, THOFT, BRANDEWIE, ERNST, NELSON, WALLIN, MENAHAN, JANET MOORE, NISBET, ZABROCKI, PECK, M. WILLIAMS, O'CONNELL, HARRINGTON, ABRAMS, LORY, FRITZ, QUILICI, J. BROWN, MILES, KEENAN, DARKO, KRUEGER, DRISCOLL, KADAS, HANSEN, PISTORIA, CONNELLY, MANUEL, COHEN, WINSLOW, PHILLIPS, COBB, PAVLOVICH, NEILL ASAY, GRADY, MCCORMICK, GARCIA, REAM, HAND, KENNERLY, ADDY, HART, D. BROWN
BY REQUEST OF THE COMMISSIONER OF INSURANCE

A BILL FOR AN ACT ENTITLED: "AN ACT ESTABLISHING AN INSURANCE ASSISTANCE PLAN FOR COMMERCIAL LIABILITY INSURANCE; PROVIDING AUTHORITY TO FORM A JOINT UNDERWRITING ASSOCIATION FOR COMMERCIAL LIABILITY INSURANCE; PROVIDING AUTHORITY TO FORM A JOINT UNDERWRITING ASSOCIATION FOR COMMERCIAL LIABILITY INSURANCE; APPROPRIATING MONEY; REQUIRING A REPORT ON THE EFFECTIVENESS OF THE PLAN TO THE 50TH LEGISLATURE; AMENDING SECTION 33-17-201, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATES DATE DATES AND A TERMINATION DATES DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. Section 1. Short title -- definition. [Sections 1 through 16 15 16] may be cited as the "Montana Insurance Assistance Plan". As used in [sections 1 through 16 15 16], "plan" means the "Montana Insurance Assistance Plan".

NEW SECTION. Section 2. Purpose. The purpose of [sections 1 through 16 15 16] is to establish a temporary plan to assist insurance consumers in this state in obtaining needed commercial liability insurance when no quotation is available from regular sources of insurance. The plan is not constituted to act as an insurer capable of assuming insurance risks.

NEW SECTION. Section 3. Limit on term of operation -- review of necessity -- dissolution. (1) The plan is established as a temporary market assistance plan to function only as long as its services are considered necessary to relieve perceived insurance market problems in this state.

(2) Six months after the plan becomes operational and on each 6-month anniversary thereafter, the advisory committee established under [section 4] shall review the necessity for continuation of the plan.

(3) If, after review, the advisory committee finds that a need exists for continued operation, it shall report that finding to the commissioner.

(4) If, after review, the advisory committee finds that there is no longer a need for continued operation of the plan, it may recommend to the commissioner that he dissolve the plan and discontinue its services. The advisory committee's recommendation is advisory only, and the commissioner is not required to follow the advisory committee's recommendation.

(5) The plan may be dissolved only on the written authorization of the commissioner.

NEW SECTION. Section 4. Plan structure -- committees. The plan consists of three committees appointed by the commissioner. The committees are:

(1) the advisory committee, which consists of one member from the insurance department, one member representing agents, and three members representing company underwriters;

(2) the agents committee, which consists of two members representing the independent insurance agents of Montana (IIAM), one member representing the professional insurance agents (PIA), one member representing the excess and surplus lines agents, and one member representing direct writer agents; and

(3) the underwriting committee, which consists of one member representing American insurance association (AIA), one member representing national association of independent insurers (NAII), one member representing alliance of American insurers (AAI), one member representing unaffiliated insurers, and one member representing excess and surplus lines underwriters.

NEW SECTION. Section 5. Apportionment agreements. (1) Insurers participating in the plan shall agree to equitably apportion, according to the provisions of [section 13(4) 13(6)], insurance to be offered under the plan to eligible applicants who, although entitled to insurance from regular insurance markets, have been unable to procure such insurance through ordinary methods after a good faith effort.

(2) Apportionment agreements under subsection (1) must be approved by the commissioner.

NEW SECTION. Section 6. Exemption from agent appointment requirements. (1) For purposes of the plan:

(a) an insurer that has entered into an agreement as provided in [section 5] may accept applications for insurance coverage from any agent even though that agent has not been appointed by the insurer; and

(b) an agent may place business, as to any type of insurance for which he is licensed at the time, with any insurer participating in the plan even though the agent has not been appointed as an agent by that insurer.

(2) An insurer that issues insurance coverage upon an application submitted by an agent who has not been appointed by the insurer shall pay the agent a commission in conformity with the insurer's filed rates, rating plans, or forms for the kind of insurance effected.

(3) An agent who countersigns a policy, when a countersignature is required by 33-17-1111, shall be paid a countersignature commission as provided in 33-17-1113.

NEW SECTION. Section 7. Types of coverages -- exemptions. (1) The plan shall MAY assist in the individual placement of the following coverages:

(a) liability insurance coverage for political subdivisions, defined in 2-9-101(5), excluding pollution coverages;

(b) liability insurance coverage for day-care facilities, defined in 53-4-501(2)(b), which satisfy the requirements of 53-4-508 and 53-4-509, excluding damages from sexual abuse;

(c) liquor liability insurance; and

(d) other commercial lines liability coverages if the commissioner finds in writing, after consultation with the plan's advisory committee, that there are severe availability problems in the marketplace and that the plan is likely to

provide assistance with a reasonable probability of success.

(2) Coverages that could be written through the Montana automobile assigned risk plan, Montana workers' compensation insurance plan, or Montana medical liability joint underwriting association, if activated, may not be issued under the plan.

NEW SECTION. Section 8. Eligibility for assistance -- application -- rules. (1) Any person constituting or having an insurable risk that is resident, located, or to be performed in this state is eligible for assistance in procuring coverage under the plan on submission of:

(a) a fee set by a rule adopted by the commissioner;

(b) a properly executed application form; and

(c) documentation of the unavailability problem by an insurance agent licensed in this state.

(2) The application fees must be paid in advance as set forth in rules adopted by the commissioner.

(3) All properly executed applications must be sent to the commissioner.

(4) Applications and supplemental forms, if appropriate, must be completed in their entirety. Incomplete applications may be returned.

NEW SECTION. Section 9. Insurer membership -- election not to participate. (1) The commissioner shall develop a listing of participating insurers as provided in subsection (2).

(2) The commissioner shall mail to each admitted property and casualty insurer and eligible surplus lines insurer a bulletin outlining the conditions of the plan and advising that each is considered to be a voluntary participant. An insurer may request permission not to participate by providing to the commissioner reasons why its participation should be waived.

NEW SECTION. Section 10. Advisory committee -- duties and responsibilities. (1) The advisory committee, assisted by the insurance department staff, is the principal operations committee and shall receive the initial application from applicants for insurance assistance who have encountered an availability-related insurance problem. An initial application may not be accepted from applicants who currently have insurance coverage or have not yet been rejected from markets to which they have applied.

(2) Information of the initial contact must be maintained on a standard form that contains the following information:

(a) name, address, telephone number, and other applicant information;

(b) kind of coverage and limits needed;

(c) name, address, and telephone number of the current or most recent insurance agent for the applicant;

(d) name and address of current or most recent insurance company, information about and identity of the underwriting office and persons involved, if known, and reasons for cancellation or nonrenewal;

(e) names of other insurers contacted for coverage;

(f) summary of advisory committee actions; and

(g) other information as considered necessary to document the applicant's availability problem.

(3) The advisory committee is authorized to give direction

to the plan and to the producers and underwriting committees. The committee shall meet as needed and review the activities of the agents and underwriting committees and all other operations of the plan.

(4) The advisory committee shall review and authorize all letters stating that the plan is unable to be of assistance. The advisory committee may override all decisions of the agents and underwriting committees and may resubmit to the plan an application that has been denied by either committee.

NEW SECTION. Section 11. Agents committee -- duties and responsibilities. (1) The agents committee, assisted by the insurance department staff, shall process properly executed applications accompanied by appropriate underwriting information.

(2) Each application must be reviewed to determine the availability problem. Depending on the nature of the problem, the committee may:

(a) resubmit the application to the present or most recent insurer for reconsideration;

(b) check other sources of insurance of the submitting agent;

(c) check all other known sources of insurance;

(d) check the excess and surplus lines markets; or

(e) negotiate extensions of coverage with the prior insurer to allow time for additional exploration of markets or accumulation of essential underwriting data.

(3) If the actions permitted in subsection (2) fail, the chairman shall refer the application with appropriate comments to the underwriting committee.

NEW SECTION. Section 12. Underwriting committee -- duties and responsibilities. (1) The underwriting committee may provide technical assistance on those lines of business for which member insurers have agreed to participate.

(2) The underwriting committee may consider and act only on applications referred to it by the agents committee.

(3) The underwriting committee shall establish a rotation system that permits a participating insurer to offer insurance coverage that it is qualified to write in this state to a qualified, eligible applicant, pursuant to [section 13].

(4) If the underwriting committee finds that it cannot assist an applicant, the chairman shall draft a letter to the insurance commissioner with an explanation. The letter shall be transmitted to the advisory committee for review.

NEW SECTION. Section 13. Issuance of insurance -- premiums. (1) A participating insurer may offer to write insurance under the plan on the same basis as it normally provides insurance in this state using its filed rates, rules, and forms.

(2) Each participating insurer may individually evaluate the risk represented by an applicant and develop a premium for a risk in accordance with its filed rating plans.

(3) An applicant shall pay in advance any premium for risks accepted under the plan.

(4) On approval of the advisory committee, a participating insurer may develop "A" rates for risks that do not fall within the rules or rates filed by the insurer.

(5) Within 10 working days of receiving an application, a participating insurer shall indicate its willingness to offer or refusal to offer insurance on the application to the chairman of the underwriting committee. A reasonable extension may be granted by the chairman of the underwriting committee.

(6) A participating insurer must offer insurance IS EXPECTED TO QUOTE on at least one out of every five applications received from the underwriting committee. The insurer shall notify the applicant's insurance agent of any quotations and of the administrative procedure to be followed if the applicant accepts coverage from the insurer at the price quoted.

(7) If insurance coverage obtained through the plan is canceled for nonpayment of premium, the applicant may not reapply to the plan for the same coverage for the same risk.

NEW SECTION. Section 14. Joint underwriting association rules. If, after a public hearing, the commissioner determines that a voluntary plan would, in his judgment, fail for any reason to provide essential insurance coverage, he may, by rule, establish a nonprofit unincorporated legal entity known as a joint underwriting association. Each insurer authorized to write and engaged in writing within this state, on a direct premium basis, the kind of insurance covered by the association shall remain a member of the association as a condition of its authority to continue to transact that kind of insurance in this state.

NEW SECTION. SECTION 14. JOINT UNDERWRITING ASSOCIATION -- RULES. IF, AFTER A PUBLIC HEARING, THE COMMISSIONER DETERMINES THAT A VOLUNTARY PLAN WOULD, IN HIS JUDGMENT, FAIL FOR ANY REASON TO PROVIDE ESSENTIAL INSURANCE COVERAGE, HE MAY, BY RULE, ESTABLISH A NONPROFIT UNINCORPORATED LEGAL ENTITY KNOWN AS A JOINT UNDERWRITING ASSOCIATION. EACH INSURER AUTHORIZED TO WRITE AND ENGAGED IN WRITING WITHIN THIS STATE, ON A DIRECT PREMIUM BASIS, THE KIND OF INSURANCE COVERED BY THE ASSOCIATION SHALL REMAIN A MEMBER OF THE ASSOCIATION AS A CONDITION OF ITS AUTHORITY TO CONTINUE TO TRANSACT THAT KIND OF INSURANCE IN THIS STATE.

NEW SECTION. Section 15. Immunity. There is no liability on the part of and no cause of action of any nature against any participating insurer or its agents or employees, members of the advisory committee, members of the producers AGENTS committee, members of the underwriting committee, or the commissioner or his representatives for any action taken by them in the performance of their powers and duties under the plan.

NEW SECTION. Section 16. Rules -- penalty. (1) The commissioner may adopt reasonable rules consistent with the plan for any of the following purposes:

(a) effectuation of the plan;

(b) establishment of procedures through which determination is to be made as to the eligibility of particular proposed coverages for placement in the plan; or

(c) establishment, procedures, and operations of the plan's agents and others designed to assist such agents to comply with the plan.

(2) Rules adopted pursuant to this section are subject to the procedures and carry the penalty provided by 33-1-313.

Section 17. Section 33-17-201, MCA, is amended to read:

"33-17-201. License required of agents, managing general agents, and solicitors -- forms. (1) No person shall in this state act as or hold himself out to be an agent or solicitor as to subjects of insurance located, resident, or to be performed in this state unless then licensed as such agent or solicitor under this chapter.

(2) No person may act or hold himself out in this state to be a managing general agent unless licensed as an insurance agent under this chapter and appointed by the insurers represented.

(3) No agent or solicitor shall solicit or take application for, procure, or place for others any kind of insurance as to which he is not then licensed.

(4) No agent shall place any business, other than coverage of his own risks, with any insurer as to which he does not then hold an appointment or license as agent under this chapter, except as provided in 33-17-1104 as to life or disability insurance agents and in [section 6].

(5) The commissioner shall prescribe and furnish forms required in connection with application for, issuance, continuation, or termination of licenses and appointments.

(6) Unless licensed as a life insurance agent as required by this section, no person shall in this state solicit life insurance or annuities or procure applications therefor or engage or hold himself out as engaging in the business of analyzing or abstracting life insurance policies or annuities or of counseling or advising or giving opinions, other than as a licensed attorney at law, relative to such insurance or annuities for fee, commission, or other compensation, other than as a salaried bona fide full-time employee so counseling and advising his employer relative to the insurance interests of the employer and of the subsidiaries or business affiliates of the employer or with respect to the insurance interests of employees of such employer, subsidiaries, or affiliates under group insurance or similar insurance plans arranged by the employer or employers of such employees."

NEW SECTION. Section 18. Report to legislature. The commissioner shall report to the 50th legislature on the effectiveness of the plan in providing insurance coverage for risks resident, located, or to be performed in this state and on the necessity to continue the authority granted by section 14.

NEW SECTION. Section 19. Appropriation. There is appropriated to the State Auditor's Office from the insurance earmarked account $5,325 for the fiscal year ending June 30, 1986, and $31,798 for the fiscal year ending June 30, 1987, for one staff position to assist in the plan.

NEW SECTION. Section 20. Codification instruction. Sections 1 through 16 15 16 are intended to be codified as an integral part of Title 33, and the provisions of Title 33 apply to sections 1 through 16 15 16.

NEW SECTION. Section 21. Severability. If a part of this act is invalid, all valid parts that are severable from the invalid part remain in effect. If a part of this act is invalid in one or more of its applications, the part remains in effect

in all valid applications that are severable from the invalid applications.

NEW SECTION. Section 22. Effective dates -- termination. (1) Except for section 14, this THIS EXCEPT FOR SECTION 14, THIS act is effective on passage and approval. Section 14 is effective July 1, 1987. SECTION 14 IS EFFECTIVE JULY 1, 1987.

(2) Sections 1 through 13, 15, and 16 terminate July 1, 1987. Section 14 THIS ACT terminates July 1, 1989.

-End-

APPENDIX #2

MONTANA INSURANCE ASSISTANCE PLAN

ARTICLES OF AGREEMENT

ARTICLE I

NAME

The organization shall be known as the Montana Insurance Assistance Plan, hereafter referred to as the "Plan", with its headquarters in such place within the State of Montana as the Advisory Committee may determine.

ARTICLE II

PURPOSE

The purpose of this Plan is to assist in the placement of certain commercial liability insurance coverages for residents of this state for which there exists a severe availability problem.

ARTICLE III

EFFECTIVE DATE

These articles, and any amendments thereto, as recommended by the Advisory Committee shall take effect upon approval by the Commissioner of Insurance.

ARTICLE IV

PLAN PARTICIPATION

A voluntary Plan is hereby created, to be effective simultaneously with the Plan of Operation, consisting of insurers authorized to write commercial lines coverage in this state which agree to participate as outlined in Montana Statute.

ARTICLE V

ADVISORY COMMITTEE

(a) The affairs and business of the Plan shall be managed and controlled by an Advisory Committee composed of five members at least one of which shall be an agent. The members shall be appointed by the Commissioner of Insurance. The Commissioner of Insurance or her designee shall serve as a member of the Advisory Committee. The Advisory Committee shall elect a chairman and a vice-chairman. The Advisory Committee shall designate a committee member as fiscal agent for the plan. The fiscal agent will be authorized to receive and hold funds

submitted to the plan and to disburse them upon authorization of one other committee member.

(b) The chairman shall call all meetings of the Advisory Committee and shall give reasonable notice to all members of the Advisory Committee. At any meeting of the Advisory Committee, each Advisory Committee member or his predesignated alternate shall have one (1) vote. Three members of this Committee or their predesignated alternates shall constitute a quorum for the transaction of business, and the acts of a majority of the Advisory Committee members present at a meeting at which a quorum is present shall be the acts of the Committee.

(c) The Advisory Committee shall meet as often as may be required to perform the general duties of administration of the Plan, but not less frequently than annually. The Advisory Committee shall file, in the office of the Commissioner of Insurance, a monthly statement which shall contain information with respect to its transactions, condition, operations and affairs.

(d) The Advisory Committee shall have the power on behalf of the Plan to:

(1) Contract as necessary to provide space, personnel, equipment and services to accomplish the Plan's purposes;

(2) Establish such committees and subcommittees as may be necessary to facilitate the administration of the Plan; and

(3) Review, consider, and act on any matters deemed by it to be necessary and proper for the administration of the Plan.

ARTICLE VI

PLAN OF OPERATION

The Advisory Committee shall initially propose a Plan of Operation to the Commissioner for approval. The Commissioner shall thereafter adopt or suggest amendments to such Plan of Operation as a part of the Plan. Thereafter, the Advisory Committee shall make such additions or amendments to the Plan of Operation as provided in the Plan of Operation, subject to the Commissioner's approval. Any member may propose additions or amendments to the Plan of Operation for approval by the members.

The Plan of Operation shall establish procedures for assisting the general public in obtaining commercial liability insurance coverages.

ARTICLE VII

RECORDS AND REPORTS

(a) The books of account, records, reports and other documents of the Plan shall be open and free for examination to the Commissioner of Insurance at all reasonable times.

(b) The books of account, records, reports and other documents of the Plan shall be open to inspection at such times and under such conditions and regulations as the Advisory Committee shall determine.

APPENDIX #3

MONTANA INSURANCE ASSISTANCE PLAN
PLAN OF OPERATION
(Updated 6/3/86)

A. LIST OF PARTICIPATING INSURERS.

Each liability insurer admitted to do business in Montana and every eligible surplus lines licensee shall be solicited by the Commissioner to participate in the Plan. The Commissioner shall maintain a master list of participants, by lines, willing to participate in the Plan. This list shall be forwarded to the Committees for use by the Plan. An alphabetical master list shall be kept current by the Commissioner.

B. ADVISORY COMMITTEE.

The Advisory Committee is responsible for the overall direction of the Plan. It may meet on a monthly basis or at the request of the Insurance Commissioner to review the activities of the Agents and Underwriting Committees and the operation of the Plan. The Advisory Committee shall approve all letters that would state that the Plan is unable to be of assistance. The Advisory Committee shall prepare a monthly status report to be submitted to the Commissioner. This report shall include a statistical display showing the number of applications received, the disposition of those applications, and the distribution and participation of members to insure equitable participation in the Plan.

All applications for assistance by the Plan shall be submitted to the Montana Insurance Assistance Plan, c/o P.O. Box 4009, Helena, Montana, 59604. The telephone number of the Plan is 1-800-332-6148. The Plan will deposit the application fee in a separate bank account established for the Plan.

C. DISPOSITION OF APPLICATION.

1. Complete and Qualified Application

A cover application must be correctly completed. An acord form for the coverage requested must be correctly completed.

A non-refundable application fee must be attached for the applicable coverage.

An application must be for one of the specified plan coverages.

2. The Advisory Committee will review the applications for completeness to determine if the application is qualified.

If the application is not one of the qualified coverages, it will be logged and held for review by the Advisory Committee, the originating agent will be notified it is not one of the qualified coverages and it will be forwarded to the Montana Insurance Department.

A complete and qualified application will be logged in with a unique identification number.

A copy of the cover application will be sent to each Advisory Committee member.

A copy of the total application will be sent to the Agents Committee.

The status of each application will be reviewed at least once a month by the Advisory Committee.

The status of each application will be reported to the Commissioner of Insurance at least once a month by the Advisory Committee.

3. Incomplete Applications

An incomplete application will be sent back to the agent of origination.

The Advisory Committee will keep a log of returned applications and the reason the application was returned will be outlined.

A monthly report of returned applications will be compiled.

D. AGENTS COMMITTEE.

Upon receipt of an application, the agents committee will review the application to determine what assistance the committee can provide. The assistance may include:

1. discussion with the applicant's most recent underwriter, if any, to determine if the applicant's coverage can be maintained with the most recent carrier,

2. discussion with other known available insurance markets including surplus lines carriers to determine if any other carrier will accept the applicant,

3. negotiating extensions of coverages with the most recent carrier or temporary carrier, if possible, to permit additional exploration of insurance markets or accumulation of essential underwriting data,

4. discussion of alternate risk sharing mechanisms available to the risk.

If the Agents Committee procedures do not result in an offer of insurance, the application shall be forwarded to the Underwriting Committee. The Chairman of the Agents Committee will provide a summary of its efforts on the application to the Advisory Committee and Underwriting Committee.

E. UNDERWRITING COMMITTEE.

This committee shall then:

a. Attempt to place the applicant, by referring the application to the first five participating insurers on the list which the Insurance Commissioner has submitted to the Advisory Committee (this list shall be maintained in a random order). Subsequent applications will be sent to the next five participants on a rotating basis. Referrals of applications may be mailed to the appropriate companies. (The Advisory Committee shall assure equitable participation in the Plan.)

b. Advise the applicant on where it may engage in loss control or consulting services that will enhance its marketability or reduce future premium costs,

c. If applicable, advise the applicant of alternate risk sharing devices.

If the underwriting committee finds that it cannot assist an applicant, the chairman shall draft a letter to the Insurance Commissioner with an explanation. The letter shall be transmitted to the advisory committee for review.

F. PARTICIPANT ACTION.

A participant is expected to quote on at least one out of every five applications submitted to it by the Underwriting Committee. Each participant shall individually evaluate the risk the applicant poses and develop a price commensurate with that risk. If no quote is received from the first five participants on the list, the next five participants on the list shall receive the application. All participants may, if the Underwriting Committee feels it appropriate, be given the application at once. Participants may provide a quote on the same coverage basis they normally provide in Montana. Participants will return their quotation or refusal to quote to the Chairman of the Underwriting Committee within ten working days. A reasonable extension may be granted by the chairman of the Underwriting Committee. The agent submitting the application to the MIAP will then complete the placement of the insurance if the applicant accepts coverage with the understanding that coverage is not bound or in force until the insured accepts the insurer's quotation and pays the premium.

A participant will be credited by the Underwriting Committee in the rotation procedure for quoting on a risk submitted to it by the Agents Committee. However, a decision not to quote to the Agents Committee will not be considered as a submission in the Underwriting Committees rotation procedure.

G. COMMITTEE FINAL DISPOSITION.

In accordance with the Plan of Operations, the Advisory Committee shall provide the Commissioner with a report on a monthly basis listing those qualified risks which sought, but did not obtain, any coverage through the Plan. In the event the Commissioner believes that any risk on the list should be reconsidered for placement through the Plan, the Commissioner shall refer such risk back to the Plan's Advisory Committee for reconsideration.

APPENDIX # 4

BEFORE THE STATE AUDITOR
AND COMMISSIONER OF INSURANCE
OF THE STATE OF MONTANA

In the matter of the adoption of rules pertaining to the Montana Insurance Assistance Plan	))))	NOTICE OF PUBLIC HEARING

TO: All Interested Persons

1. On July 1, 1986 at 9:00 a.m. a public hearing will be held in Room 270 of the Mitchell Building at Helena, Montana to consider the adoption of rules pertaining to the Montana Insurance Assistance Plan.

2. The text of the proposed rules is as follows:

RULE I DEFINITIONS As used in [Rules I through VIII], the following definitions apply:

(1) "Applicant" means a person who completes and signs a written application for assistance through the plan.

(2) "Cancel" means to terminate an insurance policy before the expiration of the period of time for which the policy was issued.

(3) "Commissioner" means the commissioner of insurance of the state of Montana.

(4) "Insurer" means any person authorized to transact insurance in this state.

(5) "Line" means a specific type of insurance coverage within commercial liability insurance such as political subdivision insurance, family day-care insurance, day-care center insurance, or liquor liability insurance.

(6) "Plan" means the Montana Insurance Assistance Plan.

(7) "Policy" means the written contract of or written agreement for or effecting insurance, by whatever name called, and includes all clauses, riders, endorsements, and papers attached thereto and part thereof.

(8) "Premium" is the consideration for insurance, by whatever name called, and includes any assessment or membership, policy, survey, inspection, service, or similar fee or charge in consideration for an insurance contract.

(9) "Rejected risk" means a risk which an insurer will not insure.

(10) "Renewal" means any agreement whereby an insurer and insured agree to an extension or continuation of an existing insurance policy.

(11) "Risk" means a person or thing insured.

(12) "Surplus line agent" means an individual, firm, or corporation who meets the requirements of 33-2-305, MCA, and who has the rights provided in 33-2-306, MCA.

AUTH: Sec. 16, Ch. 11, Sp. L. March, 1986 IMP: Sec. 16, Ch. 11, Sp. L. March, 1986

RULE II AGENT COMMISSION The insurer that insures an applicant's risk shall pay the applicant's agent the commission it normally pays for the type of risk insured.

AUTH: Sec. 16, Ch. 11, Sp. L. March, 1986 IMP: Sec. 16, Ch. 11, Sp. L. March, 1986

RULE III APPLICATIONS AND APPLICATION FEES (1) Application forms are available to property and casualty insurance agents, licensed in this state, through the advisory committee.

(2) Each application must be executed by an agent, licensed in this state, and submitted to the commissioner.

(3) Each completed application must be accompanied by a non-refundable application fee made payable to the plan and paid by the applicant.

(4) The application fees are as follows:

(a) liability insurance for political subdivisions, as defined in 2-9-101(5), $300;

(b) liability insurance for family day-care homes, as defined in 53-4-501(2)(h), $25;

(c) liability insurance for day-care centers, as defined in 53-4-501(2)(c), $100; and

(d) liability insurance for liquor liability, $50.

AUTH: Sec. 8. Ch. 11, Sp. L. March, 1986; Sec. 16, Ch. 11, Sp. L. March, 1986 IMP: Sec. 8, Ch. 11, Sp. L. March, 1986

RULE IV FISCAL ARRANGEMENT (1) The advisory committee shall designate a committee member as fiscal agent for the plan. The fiscal agent is authorized to receive and hold funds submitted to the plan and to disburse them upon authorization of one other committee member. The funds may be used for the necessary expenses of the committees, including printing, postage, mailing, telephone, and such other expenses incurred by the plan as the advisory committee deems appropriate for payment.

(2) The fiscal agent shall maintain books and records of all receipts and disbursements and shall submit a quarterly financial statement to the advisory committee of the plan. The commissioner or any advisory committee member shall have access to said books and records during normal business hours.

(3) The fiscal agent shall maintain a bank account under the name of the "Montana Insurance Assistance Plan". All checks drawn upon the account of the plan shall bear the signatures of the fiscal agent or such other person duly authorized by the advisory committee.

AUTH: Sec. 16, Ch. 11, Sp. L. March, 1986 IMP: Sec. 10, Ch. 11, Sp. L. March, 1986

RULE V UNAVAILABILITY An applicant is unable to procure insurance through ordinary methods, if his application for insurance has been rejected by a minimum of two insurers and

one surplus line agent. The applicant shall submit, to the commissioner, written documentation by an insurance agent licensed in this state of the applicant's inability to procure insurance.

AUTH: Sec. 16, Ch. 11, Sp. L. March, 1986 IMP: Sec. 8(1)(c), Ch. 11, Sp. L. March, 1986

RULE VI ELIGIBLE APPLICANTS An applicant who receives notice of cancellation or nonrenewal of an existing insurance policy does not currently have insurance.

AUTH: Sec. 16, Ch. 11, Sp. L. March, 1986 IMP: Sec. 10(1), Ch. 11, Sp. L. March, 1986

RULE VII LINES OF INSURANCE The underwriting committee shall submit applications to insurers participating in the plan for only those lines of insurance which the insurer is authorized to transact in this state.

AUTH: Sec. 16, Ch. 11, Sp. L. March, 1986 IMP: Sec. 12(3), Ch. 11, Sp. L. March, 1986

RULE VIII EFFECTIVE DATE OF POLICY The policy is effective when the insured accepts the insurer's quotation and pays the premium.

AUTH: Sec. 16, Ch. 11, Sp. L. March, 1986 IMP: Sec. 13, Ch. 11, Sp. L. March, 1986

RULE IX SEVERABILITY If any provision of these rules or the application thereof to any person or circumstance is for any reason held to be invalid, the remainder of the rule and its application to other persons or circumstances shall not be affected thereby.

AUTH: Sec. 16, Ch. 11, Sp. L. March, 1986 IMP: Sec. 1 through 16, Ch. 11, Sp. L. March, 1986

3. Commercial liability insurance is currently unavailable for many risks resident, located, or to be performed in Montana. During its March, 1986 Special Session, the Forty-Ninth Legislature enacted the Montana Insurance Assistance Plan (plan), a temporary, voluntary plan to assist insurance consumers in this state in obtaining needed commercial liability insurance when no quotation is available from regular sources of insurance. The commissioner is proposing these rules to implement the plan.

4. Interested persons may present their data, views, or arguments, either orally or in writing, at the hearing. Written data, views, or arguments may also be submitted to John Bebee, State Auditor's Office, Mitchell Building, P. O. Box 4009, Helena, Montana 59604 no later than June 26, 1986.

5. John Bebee has been designated to preside over and conduct the hearing.

6. The authority of the agency to adopt the proposed rules is provided in sections 8 and 16, chapter 11, Special Laws, March 1986, and the rules implement sections 1 through 16, chapter 11, Special Laws, March, 1986.

Andrea "Andy" Bennett
State Auditor and
Commissioner of Insurance

Certified to the Secretary of State this 14th day of May, 1986.

MONTANA INSURANCE ASSISTANCE PLAN

COMMERCIAL LIABILITY

COVER APPLICATION

(NOTE: PLEASE ATTACH ACORD COMMERCIAL APPLICATION, AND ACORD APPLICATION THAT IS APPROPRIATE FOR REQUESTED COVERAGE AND DESCRIPTIVE BROCHURES WHERE APPLICABLE.)

DISCLAIMER AND WAIVER OF LIABILITY

The agent submitting this questionnaire and the party for whom it is submitted acknowledge that no representations or warranties of any kind, expressed or implied, have been or will be made by the Montana Insurance Assistance Plan or any of its members regarding the voluntary Plan, including such things as the processing of this questionnaire, the chances of the described risk being insured or declined, the terms on which such risk, if insured, will be written, or the financial condition, method of operation or business practices of any insurer which writes or declines to write coverage. The agent and/or the submitting party shall hold harmless the committee and each of its members against all claims arising out of or attributable to the submission of this questionnaire through the Plan or the operation of the Plan, including all Errors and Omissions, whether negligent or otherwise, occurring in any aspect of the program.

THE COMPLETION OF THIS QUESTIONNAIRE WILL NOT GUARANTEE PLACEMENT OF THE INSURANCE NO AUTHORITY IS CONFERRED TO BIND COVERAGE BY THIS COVER APPLICATION OR THE ACORD FORMS.

AGENT INFORMATION

(Please type)

Agency Name: _____

Agency Mailing Address: _____

_____

Agent Name: _____

Agent Telephone Number: _____

Agent Signature: _____

Attach a list of Property/Casualty Company groups represented by your agency.

INSURED INFORMATION

Business Name (as to be shown on policy declaration): _____

Mailing Address: _____

Main Office/Business Location: _____

Telephone Number: _____

Description of Business (Describe in Detail): _____

_____

_____

_____

_____

_____

_____

Insured's Signature: _____ Date: _____

Please complete back of this Cover Application.

POLICY INFORMATION

(Please type)

Type Insurance Being Sought: _____

Current/Previous Insurer (Name, Company Contact Person, Phone No.): _____

Current/Previous Agent (Name, Phone No.): _____

Expiration Date: _____

Premium Paid Last Year for Coverage Sought: $ _____

Why Did Current/Previous Insurer Cancel or Decline Renewal? _____

_____

_____

_____

An applicant is unable to procure insurance through ordinary methods if his application for insurance has been rejected by a minimum of two insurers and one surplus lines agent. Please list them.

1. Admitted Insurer
   - Name _____
   - Contact Person _____
   - Phone Number _____
   - Reason for Declination _____
   - _____
   - _____

2. Admitted Insurer
   - Name _____
   - Contact Person _____
   - Phone Number _____
   - Reason for Declination _____
   - _____
   - _____

3. Surplus Lines Agent
   - Name _____
   - Phone Number _____
   - Reason for Declination _____
   - _____
   - _____

APPLICATION FEES

The fees per application are as follows:

Political Subdivisions	–	$300/application
Family Day Care Homes	–	$ 25/application
Day-Care Centers	–	$100/application
Liquor Liability	–	$ 50/application

This application must be accompanied by a non-refundable cashier's check or money order for the appropriate amount made payable to Montana Insurance Assistance Plan. Personal checks will not be accepted.

Please return application to:

Montana Insurance Assistance Plan
P. O. Box 4009
Helena, Montana 59604

Original forms are not necessary to submit applications.
Please duplicate this form in quantities sufficient for anticipated applications.

COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YY)

PRODUCER

APPENDIX #6

CODE | SUB-CODE

CARRIER | UNDERWRITER

POLICIES OR PROGRAM REQUESTED

PLEASE INDICATE THE SECTIONS ATTACHED

- ☐ PROPERTY
- ☐ GLASS & SIGN
- ☐ ACCTS. REC./VAL. PAPERS
- ☐ CRIME ☐ FIDELITY
- ☐ TRANSPORTATION
- ☐ GENERAL LIABILITY ☐ UMBRELLA
- ☐ BUSINESS AUTO
- ☐ GARAGE
- ☐ TRUCKERS
- ☐ WORKERS COMP.

STATUS OF SUBMISSION

- ☐ QUOTE ☐ ISSUE POLICY
- ☐ BOUND (Give Date and/or Attach Copy)

PACKAGE POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES.

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
		☐ AGENCY BILL ☐ DIRECT BILL		

APPLICANT INFORMATION

NAME

MAILING ADDRESS (Include Zip Code)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ CORPORATION
- ☐ JOINT VENTURE
- ☐ OTHER (DESCRIBE)

YRS. IN BUSINESS

INSPECTION (Contact/Phone)

ACCOUNTING RECORDS (Contact/Phone)

LOCATION INFORMATION

#	STREET, CITY, COUNTY, STATE, ZIP CODE	INTEREST	YR. BUILT	PART OCCUPIED

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS/OCCUPANCY BY LOCATION

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES	Yes	No	#	EXPLAIN ALL "YES" RESPONSES	Yes	No
1	Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?			4	Any catastrophe exposure?		
				5	Any other insurance with this company or being submitted?		
2	Is a formal safety program in operation?			6	Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?		
3	Any exposure to flammables, explosives, chemicals?						

REMARKS

APPLICABLE IN NEW YORK STATE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

APPLICANT'S SIGNATURE | PRODUCER'S SIGNATURE

Acord Corporation 1980

PRIOR CARRIER INFORMATION

LINE	YEAR	CARRIER	POLICY NUMBER	LIMITS OF LIABILITY		MOD.	PREMIUM	
				BODILY INJURY	PROP. DAMAGE		BODILY INJURY	PROP. DAMAGE
LIABILITY								
AUTOMOBILE LIABILITY								
PROPERTY								

LOSS HISTORY

ENTER ALL LOSSES FOR THE PRIOR 5 YEARS. ANNUAL AGGREGATES FOR EACH LINE OF INSURANCE MAY BE ENTERED ON THE COMMENTS SPACE IF PREFERABLE. IF AGGREGATES ARE PROVIDED, PLEASE INDICATE THE NUMBER OF CLAIMS AND EXPLAIN ALL CLAIMS EXCEEDING $5,000

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS, CORRECTIVE MEASURES (IF APPLICABLE)	AMOUNT PAID	RESERVE

COMMENTS:

☐ SEE ATTACHED LOSS SUMMARY

cord **GENERAL LIABILITY SECTION**

TAB STOPS AT ARROW

DATE

DUCER

APPLICANT

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
		☐AGENCY ☐DIRECT		

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ERAGES / LIMITS

	LIMITS OF LIABILITY		PREMIUM
COVERAGE	EACH OCCURR.	AGGREGATE	
BODILY INJURY	$,000	$,000	$
PROPERTY DAMAGE	$,000	$,000	$
COMBINED SINGLE LIMIT	$,000	$,000	$
	EACH PERSON	EACH ACCIDENT	
PREMISES MEDICAL	$	$,000	$
PERSONAL INJURY ☐A ☐B ☐C		AGGREGATE	
PARTICIPATION %: ☐ DELETE EXCLUSION C		$,000	$
OTHER COVERAGES AND/OR ENDORSEMENTS			$
			TOTAL $

COMPREHENSIVE GENERAL LIABILITY
OWNERS, LANDLORDS & TENANTS
MANUFACTURER'S & CONTRACTORS
STOREKEEPERS LIABILITY
OWNER'S & CONTRACTORS PROTECTIVE
CONTRACTUAL ☐BLANKET ☐DESIGNATED
PRODUCTS/COMPLETED OPERATIONS

OPTIONS

BROAD FORM PROPERTY DAMAGE ☐INCLUDE ☐EXCLUDE COMPLETED OPS.
BROAD FORM CGL ENDORSEMENT
INCLUDE ☐X ☐XC ☐U
FIRE LEGAL LIABILITY (Give Locations & Limits)
ELEVATOR COLLISION
NON-OWNED AUTO (Give Territories & Employees)

P.D. DEDUCT. $ ☐PER CLAIM ☐PER OCCURR.

EDULE OF HAZARDS

DESCRIPTION	CODE	PREMIUM BASIS	TERR.	RATE B.I.	RATE P.D.	PREMIUM B.I.	PREMIUM P.D.
PREMISES/OPERATIONS		(a) Area (f) Frontage (p) Payroll (m) Admissions (r) Receipts (t) Other		(a) per 100 sq. ft. (f) per linear ft. (p) per $100 pay. (m) per 100 adm. (r) per $100 rec. (t) per unit			
ESCALATORS		Landings		per landing			
INDEPENDENT CONTRACTORS		Cost		per $100			
CONTRACTUAL		Number Cost		per contract per $100			
PRODUCTS/COMPLETED OPERATIONS		Receipts		per $1,000			

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CONTRACTORS

#	EXPLAIN ALL "YES" RESPONSES	Yes	No
1	Does applicant draw plans, designs, specifications?	☐	☐
2	Are certificates of insurance required from sub-contractors?	☐	☐
3	Does applicant lease equipment to others with or without operators?	☐	☐
4	Full time staff :		
5	Part time staff :		
6	% work sub-contracted:		

DESCRIBE THE TYPE OF WORK SUB-CONTRACTED AND INCLUDE A DESCRIPTION OF THE OPERATIONS OF XCU IF REQUIRED.

CONTRACTUAL LIABILITY

DESCRIBE ALL HOLD HARMLESS AGREEMENTS (Dates, Contracting Party, Cost)

☐COPIES ATTACHED

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL SALES RECEIPTS	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

#	EXPLAIN ALL "YES" RESPONSES	Yes	No
1	Does applicant install, service or demonstrate products?	☐	☐
2	Foreign products sold, distributed, used as components?	☐	☐
3	Research and development conducted or new products planned?	☐	☐
4	Guarantees, Warranties, Hold Harmless Agreements?	☐	☐
5	Products related to aircraft/space industry?	☐	☐

#	EXPLAIN ALL "YES" RESPONSES	Yes	N
6	Products recalled, discontinued, changed?	☐	[
7	Products of others sold or re-packaged under applicant label?	☐	[
8	Products under label of others?	☐	[
9	Vendors coverage required?	☐	[

Please attach literature, brochures, labels, warnings etc.

[illegible] INTERESTS/CERTIFICATE RECIPIENTS

#	NAME AND ADDRESS (Include loan # for mortgagees)	INTEREST	CERT
[illegible]			☐
[illegible]			☐
[illegible]			☐

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES	Yes	No
1	Any advertising signs away from premises?	☐	☐
2	Any medical facilities provided or doctors employed/contracted?	☐	☐
3	Equipment loaned/rented to others?	☐	☐
4	Any exposure to radioactive/nuclear materials?	☐	☐
5	Any boats, docks, floats owned, hired or leased?	☐	☐
6	Operations involve discharge of fumes, acids, wastes?	☐	☐

#	EXPLAIN ALL "YES" RESPONSES	Yes	No
7	Any parking facilities owned/rented?	☐	☐
8	Participation in trade shows, exhibits, conventions?	☐	☐
9	Recreation facilities provided?	☐	☐
10	Sporting or social events sponsored?	☐	☐
11	Any structural alterations contemplated?	☐	☐
12	Any demolition exposure contemplated?	☐	☐

REMARKS

acord BUSINESS AUTO SECTION

SET TAB STOPS AT ARROWS

DATE

PRODUCER

APPLICANT

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
		☐ AGENCY ☐ DIRECT		

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OVERAGES / LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY		PREMIUM
LIABILITY INSURANCE	1 2 3 4 7 8 9 ☐ ☐ ☐ ☐ ☐ ☐ ☐	$,000 PER ACCIDENT		$
PERSONAL INJURY PROTECTION	5 7 ☐ ☐	OR EQUIVALENT NO-FAULT COVERAGE	DED. $	$
ADDITIONAL PIP	5 7 ☐ ☐	OR EQUIVALENT ADDED NO-FAULT COVERAGE $	DED. $	$
AUTO MEDICAL PAYMENTS	2 3 4 7 8 ☐ ☐ ☐ ☐ ☐	$ PER PERSON		$
UNINSURED MOTORISTS	2 3 4 6 7 ☐ ☐ ☐ ☐ ☐	$		$
PHYSICAL DAMAGE — COMPREHENSIVE	2 3 4 7 8 ☐ ☐ ☐ ☐ ☐	☐ SEE SCHEDULE	DED. $	$
PHYSICAL DAMAGE — SPECIFIED PERILS	2 3 4 7 8 ☐ ☐ ☐ ☐ ☐	☐ SEE SCHEDULE ☐F ☐F&T ☐F,T,W ☐LIMITED SPEC. PERILS	DED. $	$
PHYSICAL DAMAGE — COLLISION	2 3 4 7 8 ☐ ☐ ☐ ☐ ☐	☐ SEE SCHEDULE	DED. $	$
PHYSICAL DAMAGE — TOWING & LABOR	3 7 10 ☐ ☐ ☐	☐ SEE SCHEDULE		$
OTHER	SPECIFY			$
OTHER	SPECIFY			$

HIRED/BORROWED AUTOMOBILE LIABILITY	STATES	☐IF ANY	CODE	COST OF HIRE	RATE	$
EMPLOYER'S NON-OWNERSHIP LIABILITY	STATES	☐IF ANY	CODE	NO. OF EMPLOYEES		$

ENDORSEMENTS

$

TOTAL $

COVERED AUTO SYMBOLS:
(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

DRIVER INFORMATION

#	NAME (Include Address, If Required)	DATE OF BIRTH	DRIVERS LICENSE NUMBER	STATE	DATE HIRED
1					
2					
3					
4					
5					
6					

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VEHICLE DESCRIPTION

SET TAB STOPS AT ARRO

#	INS #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER
1				

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt. $	DEDUCTIBLES COMP/S.P.	DEDUCTIBLES COLLISION	LIAB	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL	TC
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P.	$	$	$

#	INS. #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER
2				

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt. $	DEDUCTIBLES COMP/S.P.	DEDUCTIBLES COLLISION	LIAB	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL.	TO
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P.	$	$	$

#	INS. #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER
3				

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt. $	DEDUCTIBLES COMP/S.P.	DEDUCTIBLES COLLISION	LIAB.	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL	TO
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P.	$	$	$

#	INS #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER
4				

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt. $	DEDUCTIBLES COMP/S.P.	DEDUCTIBLES COLLISION	LIAB	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP	SPECIFIED PERILS	COLL	TOV
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P.	$	$	$

ADDITIONAL INTERESTS, CERTIFICATE RECIPIENTS

AUTO #	NAME AND ADDRESS	INTEREST	CERT.
			☐
			☐
			☐
			☐

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES	Yes	No
1	With the exception of encumbrances, are all vehicles solely owned by and registered to the applicant?	☐	☐
2	Do over 50% of the employees use their autos in the business?	☐	☐
3	Is there a vehicle maintenance program in operation?	☐	☐
4	Are any vehicles leased to others?	☐	☐
5	Are any vehicles customized, altered or have special equipment?	☐	☐
6	Are ICC, PUC or other filings required?	☐	☐

#	EXPLAIN ALL "YES" RESPONSES	Yes	No
7	Are any vehicles used on a farm or ranch?	☐	☐
8	Did any vehicle operate outside the specified radius during the past 12 months?	☐	☐
9	Does the applicant obtain MVR verifications?	☐	☐
10	Does the applicant have a specific driver recruiting method?	☐	☐
11	Are drivers covered by Worker's Compensation?	☐	☐
12	What is the total number of vehicles owned by the applicant?		

MAXIMUM DOLLAR EXPOSURE		
Any One Vehicle	Any One Location	All Owned Vehicles
$	$	$

DESCRIPTION OF GARAGE/STORAGE LOCATIONS

REMARKS

ACORD GARAGE AND DEALERS SECTION

DATE

PRODUCER

APPLICANT

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
		☐ AGENCY ☐ DIRECT		

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BUSINESS/VEHICLE STORAGE INFORMATION

AUTO SERVICE OPERATIONS OR TRAILER SALES

- ☐ REPAIR SHOP
- ☐ MOBILE HOME TRAILER DEALER
- ☐ SERVICE STATION
- ☐ COMMERCIAL TRAILER DEALER
- ☐ STORAGE/GARAGE/PUBLIC PARKING
- ☐ OTHER

AUTO DEALERS ☐ FRANCHISED ☐ NON-FRANCHISED

	%
☐ CAR	%
☐ TRUCK-TRACTOR	%
☐ MOTORCYCLE	%
☐ RECREATIONAL VEHICLE	%
☐ SNOWMOBILE	%
☐ OTHER	%

VEHICLE STORAGE

TYPE OF FACILITY	LOCATION 1	2	3
BUILDING	☐	☐	☐
STANDARD OPEN LOT	☐	☐	☐
NON-STANDARD OPEN LOT	☐	☐	☐
	☐	☐	☐

COVERAGE/LIMITS

COVERAGE	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
LIABILITY INSURANCE	21 22 23 24 27 28 29 ☐ ☐ ☐ ☐ ☐ ☐ ☐	$,000 PER ACCIDENT — FOR DEALERS ONLY (☐ Limited ☐ Unlimited)
PERSONAL INJURY PROTECTION	25 27 ☐ ☐	$ OR EQUIVALENT NO-FAULT COVERAGE — DEDUCTIBLE $
ADDITIONAL P.I.P.	25 27 ☐ ☐	$ OR EQUIVALENT ADDED NO-FAULT COVERAGE — DEDUCTIBLE $
MEDICAL PAYMENTS	21 22 23 24 27 28 29 ☐ ☐ ☐ ☐ ☐ ☐ ☐	$ PER PERSON — ☐ AUTOMOBILE ☐ PREMISES & OPERATIONS
UNINSURED MOTORISTS	22 23 24 26 27 ☐ ☐ ☐ ☐ ☐	$ PER ACCIDENT

PHYSICAL DAMAGE

	COVERED AUTO SYMBOLS	LOC.	ENTER THE LIMIT FOR EACH LOCATION	Deductible Per Auto	Maximum Ded. Per Loss
COMPREHENSIVE	22 23 24 27 28 31 ☐ ☐ ☐ ☐ ☐ ☐				
SPECIFIED PERILS	22 23 24 27 28 31 ☐ ☐ ☐ ☐ ☐ ☐	1	$	$	$
		2	$	$	$
		3	$	$	$
COLLISION	22 23 24 27 28 31 ☐ ☐ ☐ ☐ ☐ ☐			DEDUCTIBLE $	

GARAGE KEEPERS

		COVERED AUTO SYMBOLS	LOC.	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	Deductible Per Auto	Maximum Ded. Per Loss
LEGAL LIABILITY ☐ ☐ PRIMARY ☐ EXCESS	COMPREHENSIVE	30 ☐					
	SPECIAL PERILS	30 ☐	1	$		$	$
			2	$		$	$
			3	$		$	$
DIRECT BASIS ☐ ☐ PRIMARY ☐ EXCESS	COLLISION	30 ☐	1	$		$	
			2	$		$	
			3	$		$	

OTHER	SPECIFY				
OTHER	SPECIFY				

☐ REPORTING ☐ NON-REPORTING	# DEALER PLATES	# HOISTS	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
			$	$

ENDORSEMENTS

COVERED AUTO SYMBOLS:

(21) ANY AUTO
(22) ALL OWNED AUTOS
(23) OWNED PRIVATE PASS. AUTOS ONLY
(24) OWNED AUTOS OTHER THAN PRIV. PASS
(25) OWNED AUTOS SUBJECT TO NO-FAULT
(26) OWNED AUTOS SUBJECT TO U.M. LAW
(27) SPECIFICALLY DESCRIBED AUTOS
(28) HIRED AUTOS ONLY
(29) NON-OWNED AUTOS USED IN GARAGE BUS.
(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE
(31) AUTOS ON CONSIGNMENT
(32) COMPANY USE

ATTACH TO APPLICANT INFORMATION SECTION

ACORD CORPORATION 1980

AUTO DEALERS OPERATORS

CLASS OF OPERATORS		BY LOCATION 1.	2.	3.
CLASS I EMPLOYEES	REGULAR OPERATORS			
	ALL OTHERS			

NOTE: 1. Part-time employees working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
2. Part-time employees working an average of less that 20 hours a week for the number of weeks worked are to be counted as ½ rating unit.

CLASS II NON-EMPLOYEES	UNDER AGE 25			
	ALL OTHERS			

DEFINITIONS:

CLASS I - EMPLOYEES

REGULAR OPERATOR - Proprietors, partners and officers active in the garage operations, salespersons, general managers, service managers; any employee whose principal duty involves the operation of covered autos or who is furnished a covered auto.

ALL OTHERS - All other employees.

CLASS II - NON-EMPLOYEES

Any of the following persons who are regularly furnished with a covered auto: Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

DEALERS PHYSICAL DAMAGE

COVERAGE	NEW/USED	YOUR INTEREST IN COVERED AUTOS YOU OWN	YOUR INTEREST ONLY IN FINANCED COVERED AUTOS	YOURS AND FINANCED INTERESTS IN COVERED AUTOS
COMPREHENSIVE	☐ NEW ☐ USED	☐	☐	☐
SPECIFIED PERILS	☐ NEW ☐ USED	☐	☐	☐
COLLISION	☐ NEW ☐ USED	☐	☐	☐

NON DEALERS PREMISES & OPERATIONS

LOC.	Estimated Annual Remuneration	# EMPLOYEES
1.	$	
2.	$	
3.	$	

DRIVER INFORMATION

#	NAME	DATE OF BIRTH	DRIVERS LICENSE NUMBER	STATE	YEARS DRIVING	MO./YEAR HIRED	COMMENTS
1.							
2.							
3.							
4.							
5.							

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS

NAME & ADDRESS	SPECIFY INTEREST	CERT.
		☐
		☐

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES	Yes	No
(1)	Does Applicant rent, lease or loan vehicles to others?	☐	☐
(2)	Does Applicant pick-up or deliver customer's cars?	☐	☐
(3)	Does pick-up or delivery exceed 50 miles?	☐	☐
(4)	Is tire recapping or retreading performed?	☐	☐
(5)	Does Applicant own or sponsor a car for racing?	☐	☐
(6)	Does Applicant handle butane, propane or other gases?	☐	☐
(7)	Are vehicles furnished for group or organizations?	☐	☐
(8)	Does Applicant perform spray painting or welding?	☐	☐
		☐	☐

#	EXPLAIN ALL "YES" RESPONSES	Yes	No
(9)	Does Applicant drive-away or haul-away vehicles from factory distributing point or other dealers?	☐	☐
(10)	Does Applicant dismantle autos or have salvage operation?	☐	☐
(11)	Does Applicant use tow trucks?	☐	☐
(12)	Do employees regularly use their own autos on company bussiness?	☐	☐
(13)	Does Applicant park customer's vehicles on public streets or off premises?	☐	☐
(14)	Is a charge made for parking? (give locations, attendants)	☐	☐
(15)	Any private protection systems? (fences, dogs, alarms, guards)	☐	☐

REMARKS:

SET TAB STOPS AT ARROWS

ACORD VEHICLE SCHEDULE

DATE

PRODUCER	APPLICANT				
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
			☐ AGENCY ☐ DIRECT		
	FOR COMPANY USE ONLY				

VEHICLE DESCRIPTION

#	INS. #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt.	DEDUCTIBLES		LIAB.	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL.	TOW.
$	COMP./S.P.	COLLISION									
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P. $	$	$

#	INS. #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt.	DEDUCTIBLES		LIAB.	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL.	TOW.
$	COMP./S.P.	COLLISION									
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P. $	$	$

#	INS. #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt.	DEDUCTIBLES		LIAB.	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL.	TOW.
$	COMP./S.P.	COLLISION									
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P. $	$	$

#	INS. #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt.	DEDUCTIBLES		LIAB.	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL.	TOW.
$	COMP./S.P.	COLLISION									
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P. $	$	$

#	INS. #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt.	DEDUCTIBLES		LIAB.	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL.	TOW.
$	COMP./S.P.	COLLISION									
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P. $	$	$

#	INS. #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt.	DEDUCTIBLES		LIAB.	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL.	TOW.
$	COMP./S.P.	COLLISION									
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P. $	$	$

SET ▼ TAB ▼ STOPS ▼ AT ▼ ARROWS ▼

#	INS. #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt. $	DEDUCTIBLES COMP./S.P.	DEDUCTIBLES COLLISION	LIAB.	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL.	T
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P.	$	$	$

#	INS. #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt. $	DEDUCTIBLES COMP./S.P.	DEDUCTIBLES COLLISION	LIAB.	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL.	T
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P.	$	$	$

#	INS. #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt. $	DEDUCTIBLES COMP./S.P.	DEDUCTIBLES COLLISION	LIAB.	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL.	T
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P.	$	$	$

#	INS. #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt. $	DEDUCTIBLES COMP./S.P.	DEDUCTIBLES COLLISION	LIAB.	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL.	T
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P.	$	$	$

#	INS. #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt. $	DEDUCTIBLES COMP./S.P.	DEDUCTIBLES COLLISION	LIAB.	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL.	T
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P.	$	$	$

#	INS. #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt. $	DEDUCTIBLES COMP./S.P.	DEDUCTIBLES COLLISION	LIAB.	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL.	T
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P.	$	$	$

#	INS. #	YEAR	MAKE, MODEL, BODY TYPE	VIN/SERIAL NUMBER

CITY, STATE, ZIP WHERE GARAGED	Sym./Age	COST NEW	USE	Radius	GVW/GCW	CLASS	SIC	FACTOR
		$						

☐ ACV ☐ Stated Amt. $	DEDUCTIBLES COMP./S.P.	DEDUCTIBLES COLLISION	LIAB.	P.I.P.	ADD.P.I.P.	MED.PAY	U.M.	COMP.	SPECIFIED PERILS	COLL.	T
	$	$	$	$	$	$	$	$	☐F ☐F,T,W ☐F&T ☐L.S.P.	$	$	$

acord WORKERS' COMPENSATION APPLICATION

MAIL TO: (INSURER/UNDERWRITER) | DATE

PRODUCER

CODE | SUB-CODE

APPLICANT INFORMATION

NAME

MAILING ADDRESS (Include Zip Code)

☐ INDIVIDUAL ☐ CORPORATION ☐ PARTNERSHIP ☐ OTHER | Years in Business

EMPLOYER I.D. NUMBER | RATING BUREAU I.D. NO. | ☐ QUOTE ☐ ISSUE ☐ BOUND (Give Date Attach Copy)

LOCATIONS

#	STREET, CITY, COUNTY, STATE, ZIP CODE
1	
2	
3	

POLICY INFORMATION

INSURER	POLICY NUMBER	Proposed Effective Date	Proposed Expiration Data	Normal Anniversary Rating Date
PREVIOUS INSURER	PREVIOUS POLICY NO.	☐ PARTICIPATING ☐ NON-PARTICIPATING	Dividend Plan/Safety Group	RETRO PLAN
COVERAGE A (STATES)	COVERAGE B (If Not $100,000) $	☐ AGENCY BILL ☐ DIRECT BILL	PAYMENT PLAN ☐ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐	AUDIT PERIOD ☐ AT EXPIRATION ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY

SPECIAL COMPANY AND STATE INFORMATION

RATING INFORMATION

STATE	LOC.	CLASS CODE	COMPANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	NO. OF EMPLOYEES	ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM

SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS

- ☐ BROAD FORM ALL STATES
- ☐ U.S.L. & H.
- ☐ VOLUNTARY COMPENSATION
- ☐ OTHER

TOTAL	$
EXPERIENCE MODIFICATION	
MODIFIED PREMIUM	$
	$
	$
PREMIUM DISCOUNT	$
	$
	$
TOTAL ESTIMATED ANNUAL PREMIUM	$
MINIMUM $ / DEPOSIT PREMIUM	$

INDIVIDUALS INCLUDED/EXCLUDED

SET TAB STOPS AT &#

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. Remuneration To Be Included Must Be Part Of Rating Information Section.

#	NAME	AGE	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC./EXC.	CLASS CODE	RE-MUNERATIC
1								
2								
3								
4								
5								

PRIOR EXPERIENCE

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS

YEAR	INSURER & POLICY NUMBER	ANNUAL PREMIUM	MOD.	#CLAIMS	AMOUNT PAID	RESERVE

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS

Give comments and descriptions of business, operations and products: Manufacturing—raw materials, processes, product, equipment. Contractor—type of work, sub-contracts. Mercantile—merchandise, customers, deliveries. Service—type, location. Farm—acreage, animals, machinery, sub-contracts.

GENERAL INFORMATION

PLEASE PROVIDE ALL THE REQUIRED DETAILS FOR "YES" RESPONSES BY USING THE REMARKS AREA BELOW

	YES	NO		YES	NO
(1) Does Applicant Own, Operate Or Lease Aircraft/Watercraft?	☐	☐	(11) Any Employees Under 16 Or Over 50 Years Of Age?	☐	☐
(2) Any Exposure To Flammables, Explosives, Caustics, Fumes?	☐	☐	(12) Any Employees Over 60 Years Of Age?	☐	☐
(3) Any Exposure To Radioactive Materials?	☐	☐	(13) Any Part Time Or Seasonal Employees?	☐	☐
(4) Any Work Performed Underground Or Above 15 Feet?	☐	☐	(14) Is There Any Volunteer Or Donated Labor?	☐	☐
(5) Any Work Performed On Barges, Vessels, Docks?	☐	☐	(15) Any Employees With Physical Handicaps?	☐	☐
(6) Is Applicant Engaged In Any Other Type Of Business?	☐	☐	(16) Do Employees Travel Out Of State?	☐	☐
(7) Are Sub-Contractors Used?	☐	☐	(17) Are Athletic Teams Sponsored?	☐	☐
(8) Any Work Sublet Without Certificates Of Ins.?	☐	☐	(18) Are Pre-Employment Physicals Required?	☐	☐
(9) Is A Formal Safety Program In Operation?	☐	☐	(19) Any Other Insurance With This Insurer?	☐	☐
(10) Any Group Transportation Provided?	☐	☐	(20) Any Prior Covg. Declined/Cancelled/Non-Renewed (Last 3 Yrs.)?	☐	☐

INSPECTION (CONTACT/PHONE)

ACCOUNTING RECORDS (CONTACT/PHONE)

REMARKS

APPLICANT'S SIGNATURE		PRODUCER'S SIGNATURE	

ACORD UMBRELLA SECTION

DATE (MM/DD/YY)

PRODUCER

APPLICANT

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
		☐ AGENCY ☐ DIRECT		

FOR COMPANY USE ONLY

POLICY INFORMATION

☐ NEW BUSINESS
☐ RENEWAL
EXPIRING POLICY NUMBER:

LIMIT OF LIABILITY	RETAINED LIMIT	FIRST DOLLAR DEFENSE
$ EA. OCCURRENCE	$	☐ YES ☐ NO
$		
$		

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (DESCRIBE OPERATIONS)	ANNUAL PAYROLL	ANN. SALES/RECEIPTS	FOREIGN SALES/RECEIPTS	#EMPL

UNDERLYING INSURANCE

LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE

TYPE	CARRIER/POLICY NUMBER	POLICY PERIOD	LIMITS	ANNUAL PREMIUM	+ − RATING MOD
AUTOMOBILE			BI	$	
			PD	$	
			CSL	$	
GENERAL LIABILITY			BI	$	
			PD	$	
			CSL	$	
PRODUCTS/ COMPLETED OPERATIONS			BI	$	
			PD	$	
			CSL	$	
EMPLOYERS LIABILITY				$	

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

	COVERAGE	EXPOSURE		COVERAGE	EXPOSURE		CHECK IF APPROPRIATE
1.	AIRCRAFT LIABILITY		12.	FOREIGN LIABILITY		23.	ANY AUTO (SYMBOL #1)
2.	AIRCRAFT PASSENGER LIABILITY		13.	WORLDWIDE LIABILITY		24.	COMPREHENSIVE GENERAL LIABILITY
3.	ADDITIONAL INTERESTS		14	GARAGEKEEPERS LIABILITY		25.	OCCURRENCE BI & PD
4.	ADVERTISING LIABILITY		15	HAZARDS X, C OR U		26.	REDUCED LIMITS
5.	BLANKET CONTRACTUAL LIABILITY		16	INCIDENTAL MEDICAL MALPRACTICE		27.	RESTRICTION OF STANDARD COVERAGE
6	SPECIFIC CONTRACTUAL LIABILITY		17.	LIQUOR LIABILITY		28.	
7	BROAD FORM PROPERTY DAMAGE		18.	PERSONAL INJURY		29.	
8	CARE, CUSTODY, CONTROL		19.	PROFESSIONAL LIABILITY (E&O)		30.	
9.	EMPLOYEES AS ADDITIONAL INSURED		20.	VENDORS LIABILITY		31	
10.	EMPLOYEE BENEFIT LIABILITY		21	WATERCRAFT LIABILITY		32.	
11.	FIRE LEGAL LIABILITY		22.			33.	

UNDERLYING INSURANCE COVERAGE INFORMATION (ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING $10,000 DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING)

☐ NO SUCH CLAIMS

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CARE, CUSTODY, CONTROL

LOC	REAL PROPERTY VALUE	A	B	C	D	E	SQ. FT. OF BLDG. OCC.	OCCUPANCY	PERSONAL PROPERTY VALUE	DESCRIPTION OF PERSONAL PROPERTY
1.	$								$	
2.	$								$	
3.	$								$	
SUB	$								$	

APPLICANT

A- IS HELD HARMLESS IN LEASE

B- HAS A WAIVER OF SUBROGATION

C- IS A NAMED INSURED IN THE FIRE POLICY

D- MAINTAINS FIRE LEGAL LIABILITY COVERAGE

E- OTHER (SPECIFY)

VEHICLES

TYPE		# OWNED	NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI.	50-200 MI.	
PRIVATE PASSENGER								
TRUCKS	LIGHT							
	MEDIUM							
	HEAVY							
	EX. HEAVY							
TRUCKS/ TRACTORS	HEAVY							
	EX. HEAVY							
BUSES								

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES. PROVIDE OTHER INFORMATION REQUIRED. YES NO

ADVERTISERS LIABILITY

1. MEDIA USED:_____ANNUAL COST: $ _____
2. SERVICES OF AN ADVERTISING AGENCY USED? ☐ ☐
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? ☐ ☐

AUTO LIABILITY

4. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? ☐ ☐
5. ARE PASSENGERS CARRIED FOR A FEE? ☐ ☐
6. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? ☐ ☐
7. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? ☐ ☐

AIRCRAFT LIABILITY

8. ATTACH A COPY OF AIRCRAFT APPLICATION WITH THIS SUBMISSION. ☐ ☐

CONTRACTORS LIABILITY

9. DESCRIBE TYPE OF WORK PERFORMED.

10. DESCRIBE AGREEMENTS (ATTACH SEPARATE SHEET).

11. DOES APPLICANT OWN, RENT OR OTHERWISE USE CRANES? ☐ ☐
12. ARE CERTIFICATES REQUIRED OF SUBCONTRACTORS? ☐ ☐
13. COST OF WORK SUBLET. $ _____

EMPLOYERS LIABILITY

14. IS APPLICANT SELF INSURED IN ANY STATE? ☐ ☐
15. SUBJECT TO ☐ JONES ACT ☐ FELA ☐ OTHER (SPECIFY)

REMARKS:

EXPLAIN ALL "YES" RESPONSES. PROVIDE OTHER INFORMATION REQUIRED YES

INCIDENTAL MALPRACTICE LIABILITY

16. HOSPITAL OR FIRST AID FACILITY MAINTAINED? ☐
17. COVERAGE PROVIDED FOR DOCTORS/NURSES? ☐

# DOCTORS	# NURSES	# BEDS

PRODUCTS LIABILITY (LIST PRODUCTS, SALES, ETC. IN REMARKS)

18. MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED/INSTALLED IN AIRCRAFT? ☐
19. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.? ☐
20. ARE U.S. PRODUCTS SOLD OR DISTRIBUTED IN FOREIGN COUNTRIES? ☐
21. ANY PRODUCTS DISCONTINUED (SPECIFY)? ☐
22. PRODUCT LIABILITY LOSSES PAST 3 YEARS (SPECIFY)? ☐

23. GROSS RECEIPTS PRODUCTS PAST 3 YEARS.

$	$	$

PROTECTIVE LIABILITY

24. DESCRIBE INDEPENDENT CONTRACTORS.

WATERCRAFT LIABILITY

25. DOES APPLICANT OWN OR LEASE BOATS? ☐

# OWNED	LENGTH	HORSE POWER

26. BOATS CHARTERED (HOW OFTEN/CIRCUMSTANCES)? ☐

APARTMENTS/CONDIMINIUMS/MOTELS

# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOAR

ACORD TRUCKERS SECTION

DATE

PRODUCER

APPLICANT

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
		☐ AGENCY ☐ DIRECT		

FOR COMPANY USE ONLY

TERRITORY/ZONE

REGULATION

☐ COMMON CARRIER
☐ CONTRACT CARRIER
☐ PRIVATE CARRIER

STATE FILINGS

☐ DOCKET NO. _____
☐ I.C.C. FILING REQUIRED
DOCKET NO. _____

COVERAGE/LIMITS

	COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY						PREMIUM
	LIABILITY INSURANCE	41 42 43 46 47 50 ☐ ☐ ☐ ☐ ☐ ☐	$,000 PER ACCIDENT						$
	PERSONAL INJURY PROTECTION	44 46 ☐ ☐	$ OR EQUIVALENT NO-FAULT COVERAGE				DED. $		$
	ADDITIONAL P.I.P.	44 46 ☐ ☐	$ OR EQUIVALENT NO-FAULT COVERAGE				DED. $		$
	MEDICAL PAYMENTS INSURANCE	42 43 46 ☐ ☐ ☐	$ PER PERSON						$
	UNINSURED MOTORISTS	42 43 45 46 ☐ ☐ ☐ ☐	$						$
TRAILER INTERCHANGE	COMPREHENSIVE	48 49 ☐ ☐	$	# TRAILERS	STATE	NO. DAYS	RADIUS		$
TRAILER INTERCHANGE	SPECIFIED PERILS	48 49 ☐ ☐	$						$
TRAILER INTERCHANGE	COLLISION	48 49 ☐ ☐	$					DED. $	$
PHYSICAL DAMAGE	COMPREHENSIVE	42 43 46 47 ☐ ☐ ☐ ☐	☐ SEE SCHEDULE					DED. $	$
PHYSICAL DAMAGE	SPECIFIED PERILS	42 43 46 47 ☐ ☐ ☐ ☐	☐ SEE SCHEDULE ☐ F ☐ F & T ☐ F, T, W ☐ LIMITED SPEC. PERILS					DED. $	$
PHYSICAL DAMAGE	COLLISION	42 43 46 47 ☐ ☐ ☐ ☐	☐ SEE SCHEDULE					DED. $	$
PHYSICAL DAMAGE	TOWING & LABOR	46 ☐	☐ SEE SCHEDULE						$
PHYSICAL DAMAGE	COMBINED COVERAGE	42 43 46 47 ☐ ☐ ☐ ☐	☐ SEE SCHEDULE						$
	OTHER	SPECIFY							$
	OTHER	SPECIFY							$

HIRED/BORROWED AUTOMOBILE LIABILITY	STATES	☐ IF ANY	CODE	COST OF HIRE	RATE	$
BORROWED AUTOMOBILE LIABILITY	STATES	☐ IF ANY	CODE	COST TO BORROW	RATE	$
NON-TRUCKERS HIRED/BORROWED AUTOMOBILE LIABLITY	STATES	☐ IF ANY	CODE		RATE	$
NON-OWNED AUTOS	STATES	☐ IF ANY	CODE	NO. EMPLOYEES		$
						$
					TOTAL	$

Covered Auto Symbols:
(41) Any Auto
(42) Owned Autos Only
(43) Owned Commercial Autos Only
(44) Owned Autos Subject To No-Fault
(45) Owned Auto Subject To A CompulsoryUninsured Motorist Law
(46) Specifically Described Autos
(47) Hired Autos Only
(48) Trailers in Your Possession Under A Trailer Interchange Agreement
(49) Your Trailers In The Possession Of Another Trucker Under A Trailer Interchange Agreement
(50) Non-Owned Autos Only

RECEIPTS

GROSS RECEIPTS		PRINCIPAL SHIPPERS
PAST 12 MONTHS	ESTIMATED NEXT 12 MONTHS	
$	$	

ZONE

ADDRESS OF PRINCIPAL GARAGING (ACORD 125)	NO. OF TERMINALS	FARTHEST TERMINAL	DISTANCE	ZONE	

TERMINALS

#	NAME AND ADDRESS OF TERMINALS	# OF VEHICLES	DISTANCE FROM GA

EQUIPMENT (ATTACH VEHICLE SCHEDULE ACORD 123 FOR OWNED UNITS)

NUMBER AND PIECES OF EQUIPMENT (ENTER NUMBER OF VEHICLES NEXT TO EACH CATEGORY)

VEHICLE TYPE	COMPANY OWNED	NON OWNED	LONG TERM LEASED	TRIP LEASE	PROPERTY HAULED (PER VEHICLE TYPE)	RADIUS		
						0-50 MILES	50-200 MILES	OVER 200
TRUCKS								
TRACTORS								
SEMI-TRAILERS								
FULL TRAILERS								
TANK SEMI-TRAILERS								
TANK TRAILERS								
REFRIGERATED TRAILERS								
SERVICE TRUCKS								
PRIVATE PASSENGER AUTOS								
TOTAL VEHICLES								
(ATTACH A SEPARATE DRIVER INFORMATION LIST)								

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS

AUTO #	NAME AND ADDRESS	INTEPEST	CI
			☐
			☐
			☐
			☐
			☐

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YE
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	☐	☐	8.	DO DRIVERS RECEIVE REGULAR PHYSICALS?	☐
2.	DOES APPLICANT OBTAIN MVR VERIFICATION ON DRIVERS?	☐	☐	9.	DOES APPLICANT HIRE EQUIPMENT FROM OTHERS?	☐
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?	☐	☐	10.	DOES APPLICANT RENT OR LEASE VEHICLES OR EQUIPMENT TO OTHERS WITH/WITHOUT OPERATORS?	☐
4.	ARE DRIVERS COVERED BY WORKERS COMPENSATION?	☐	☐			
5.	DOES APPLICANT OWN OR OPERATE EQUIPMENT NOT LISTED HERE?	☐	☐	11.	DOES APPLICANT HAUL FOR OTHER TRUCKERS?	☐
6.	DOES APPLICANT HAUL ANY DANGEROUS, CAUSTIC, RADIOACTIVE OR FLAMMABLE CARGO?	☐	☐	12.	DO OTHER TRUCKERS OPERATE UNDER THE PERMIT OF THE APPLICANT? (PERCENTAGE OF TOTAL NO. OF VEHICLES SO OPERATED.)	☐
7.	DOES APPLICANT HAUL TARGET COMMODITIES (IE: STEREOS, TELEVISIONS, PHARMACEUTICALS, LIQUOR, MEAT, ETC.)?	☐	☐	13.	IS COVERAGE REQUIRED FOR TRAVEL IN CANADA OR MEXICO?	☐
				14.	ARE DRIVERS COMPENSATED PER TRIP?	☐

REMARKS:

acord PROPERTY SECTION

DATE

PRODUCER	APPLICANT				
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
			☐ AGENCY ☐ DIRECT		
	FOR COMPANY USE ONLY				

LOCATION 1

#	SUBJECT OF INSURANCE	AMOUNT	DEDUCT.	COINS	ACV/RC	PERILS, FORMS AND CONDITIONS TO APPLY
1		$				
2		$				
3		$				
4		$				
5		$				

ADDITIONAL COVERAGE AND RATING INFORMATION

CONSTRUCTION TYPE	Protection Class	# Stories	# Basements	Year Built	TOTAL AREA	OTHER OCCUPANCIES

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	☐ CENTRAL STATION ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	#Guards/Watchmen	☐ CLOCK HOURLY ☐

FIRE PROTECTION (SPRINKLERS, STANDPIPES, CO_2/HALON SYSTEMS)	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

1) ADDITIONAL INTEREST (NAME/ADDRESS)	INTEREST	CERTIFICATE OF INSURANCE ☐ REQUIRED

2) ADDITIONAL INTEREST (NAME/ADDRESS)	INTEREST	CERTIFICATE OF INSURANCE ☐ REQUIRED

BUSINESS PERSONAL PROPERTY INFORMATION

Reporting Form: Provide Average Values For Past 12 Months			Any Other Location Declared At Inception	Any Other Location Acquired After Inception	LOCATIONS NOT OWNED OR LEASED		OTHER
LOCATION 1	LOCATION 2	LOCATION 3			LOCATION LIMIT	AGGREGATE	
$	$	$	$	$	$	$	

REMARKS

☐ SEE REVERSE SIDE FOR ADDITIONAL LOCATIONS

☐ OTHER CARRIERS ARE PARTICIPATING ON THIS LINE (EXPLAIN)

LOCATION 2

SET TAB STOPS AT A

#	SUBJECT OF INSURANCE	AMOUNT	DEDUCT	COINS	ACV/RC	PERILS, FORMS AND CONDITIONS TO APPLY
1		$				
2		$				
3		$				
4		$				
5		$				

ADDITIONAL COVERAGE AND RATING INFORMATION

CONSTRUCTION TYPE	Protection Class	# Stories	# Basements	Year Built	TOTAL AREA	OTHER OCCUPANCIES

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	☐ CENTRAL STAT ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	#Guards/Watchmen	☐ CLOCK HOURL ☐

FIRE PROTECTION (SPRINKLERS, STANDPIPES, CO_2/HALON SYSTEMS)	FIRE ALARM MANUFACTURER	☐ CENTRAL STAT ☐ LOCAL GONG

(1) ADDITIONAL INTEREST (NAME/ADDRESS)	INTEREST	CERTIFICATE O INSURANCE ☐ REQUIRED

(2) ADDITIONAL INTEREST (NAME/ADDRESS)	INTEREST	CERTIFICATE O INSURANCE ☐ REQUIRED

LOCATION 3

#	SUBJECT OF INSURANCE	AMOUNT	DEDUCT	COINS	ACV/RC	PERILS, FORMS AND CONDITIONS TO APPLY
1		$				
2		$				
3		$				
4		$				
5		$				

ADDITIONAL COVERAGE AND RATING INFORMATION

CONSTRUCTION TYPE	Protection Class	# Stories	# Basements	Year Built	TOTAL AREA	OTHER OCCUPANCIES

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	☐ CENTRAL STATIC ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	#Guards/Watchmen	☐ CLOCK HOURLY ☐

FIRE PROTECTION (SPRINKLERS, STANDPIPES, CO_2/HALON SYSTEMS)	FIRE ALARM MANUFACTURER	☐ CENTRAL STATIO ☐ LOCAL GONG

(1) ADDITIONAL INTEREST (NAME/ADDRESS)	INTEREST	CERTIFICATE OF INSURANCE ☐ REQUIRED

(2) ADDITIONAL INTEREST (NAME/ADDRESS)	INTEREST	CERTIFICATE OF INSURANCE ☐ REQUIRED

ACORD CRIME SECTION

DATE

PRODUCER	APPLICANT			
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN
			☐ AGENCY ☐ DIRECT	
	FOR COMPANY USE ONLY			

COMPREHENSIVE COVERAGES

INSURING AGREEMENT	AMOUNT OF INSURANCE
I EMPLOYEE DISHONESTY ☐ FORM A (Per Loss) ☐ FORM B (Per Employee)	(Attach Fidelity Page) $
II LOSS INSIDE PREMISES	$
III LOSS OUTSIDE PREMISES	$
IV MONEY ORDERS AND COUNTERFEIT CURRENCY	$
V DEPOSITORS FORGERY	$
	$
	$
	$
BLANKET CRIME (INCLUDES I TO V)	$

DEDUCTIBLE

COVERAGE	AMOUNT

MISCELLANEOUS CRIME COVERAGES

COVERAGE		AMOUNT OF INSURANCE		
		LOCATION 1	LOCATION 2	LOCATION 3
BROAD FORM MONEY & SECURITIES ☐ BLANKET	INSIDE	$	$	$
	OUTSIDE	$	$	$
	PAYMASTER INSIDE	$	$	$
	PAYMASTER OUTSIDE	$	$	$
OPEN STOCK	BURGLARY	$	$	$
	THEFT	$	$	$
MERCANTILE BURGLARY & ROBBERY	SAFE BURGLARY	$	$	$
	INTERIOR ROBBERY	$	$	$
	MESSENGER ROBBERY	$	$	$
	HOME OF MESSSENGER ☐ Burg. ☐ Theft	$	$	$
STOREKEEPERS BURGLARY & ROBBERY	BROAD FORM ☐ (One Location)	$	$	$
		$	$	$
		$	$	$

ENDORSEMENTS / COMMENTS

☐ EXCESS FIDELITY (ATTACHED FIDELITY SUPPLEMENT) ☐ BLANKET ☐ SCHEDULE
☐ FORGERY — PERSONAL ACCOUNTS (SHOW LOCATION NO., NAME IF PERSONAL ACCOUNT) ☐ EXCLUDES EMPLOYEES
☐ EXCLUSION OF DESIGNATED CLASSES OF EMPLOYEES
☐ EXCLUSION OF DESIGNATED OFFICERS
☐ PENSION & WELFARE PLANS
☐ OTHER

PROPERTY OTHER THAN MONEY & SECURITIES

LOC.	DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC.	MAXIMUM VALUE	COINSURANCE LIMIT	COINS %
1		$		
2		$		
3		$		

ATTACH TO APPLICANT INFORMATION SECTION

EXPOSURES

ENTER THE EXPOSURES FOR EACH CATEGORY. INDICATE IF AMOUNTS REPRESENT AVERAGES OR MAXIMUMS. ENTER BOTH, IF REQUIRED.

LOC.	TYPE	MONEY	SECURITIES	PAYROLL MONEY	CHECKS	PAYROLL CHECKS	MONEY OVERNIGHT	
1	INSIDE ☐ AVG. ☐ MAX.	$	$	$	$	$	$	$
	OUTSIDE ☐ AVG. ☐ MAX.	$	$	$	$	$	$	$
2	INSIDE ☐ AVG. ☐ MAX.	$	$	$	$	$	$	$
	OUTSIDE ☐ AVG. ☐ MAX.	$	$	$	$	$	$	$
3	INSIDE ☐ AVG. ☐ MAX.	$	$	$	$	$	$	$
	OUTSIDE ☐ AVG. ☐ MAX.	$	$	$	$	$	$	$

GENERAL INFORMATION

LOC.	BUSINESS HOURS	Avg. No. Employees on Duty	Checks Stamped For Deposit Only	Checkwriter Used	Frequency of Deposits	Night Depository Used	Messenger, Guards Conveyances	Shopping Centers	OTHER INFORMATION
1									
2									
3									

SAFE / VAULT DESCRIPTION

LOC.	MANUFACTURER	CLASS	LABEL	DOOR TYPE	COMBINATION LOCKS	DOOR THICK-NESS	WA THI NE
1				☐ ROUND ☐ SCREW ☐ SQUARE	☐ OUTER ☐ INNER ☐ CHEST		
2				☐ ROUND ☐ SCREW ☐ SQUARE	☐ OUTER ☐ INNER ☐ CHEST		
3				☐ ROUND ☐ SCREW ☐ SQUARE	☐ OUTER ☐ INNER ☐ CHEST		

PROTECTION FOR LOCATION NO. 1

TYPE OF ALARM (CHECK ALL THAT APPLY)
☐ HOLDUP ☐ LOCAL GONG
☐ BURGLAR ☐ POLICE CONNECT
☐ CENTRAL STA. ☐ WITH KEYS

AREAS PROTECTED
☐ PARTIAL
☐ COMPLETE
☐ SAFE/VAULT

CERTIFICATE NUMBER | EXPIRATION DATE | EXTENT | GRAD

ALARM INSTALLED & SERVICED BY

No. Guards | No. Watchmen | ☐CLOCK HOURLY ☐CENTRAL STA.

OTHER PROTECTION (FENCES, FLOODLIGHTS, ULTRASONIC DEVICES, ETC.)

DOORS & PROTECTION

WINDOWS & PROTECTION

PROTECTION FOR LOCATION NO. 2

TYPE OF ALARM (CHECK ALL THAT APPLY)
☐ HOLDUP ☐ LOCAL GONG
☐ BURGLAR ☐ POLICE CONNECT
☐ CENTRAL STA. ☐ WITH KEYS

AREAS PROTECTED
☐ PARTIAL
☐ COMPLETE
☐ SAFE/VAULT

CERTIFICATE NUMBER | EXPIRATION DATE | EXTENT | GRADE

ALARM INSTALLED & SERVICED BY

No. Guards | No. Watchmen | ☐CLOCK HOURLY ☐CENTRAL STA.

OTHER PROTECTION (FENCES, FLOODLIGHTS, ULTRASONIC DEVICES, ETC.)

DOORS & PROTECTION

WINDOWS & PROTECTION

PROTECTION FOR LOCATION NO. 3

TYPE OF ALARM (CHECK ALL THAT APPLY)
☐ HOLDUP ☐ LOCAL GONG
☐ BURGLAR ☐ POLICE CONNECT
☐ CENTRAL STA. ☐ WITH KEYS

AREAS PROTECTED
☐ PARTIAL
☐ COMPLETE
☐ SAFE/VAULT

CERTIFICATE NUMBER | EXPIRATION DATE | EXTENT | GRADE

ALARM INSTALLED & SERVICED BY

No. Guards | No. Watchmen | ☐CLOCK HOURLY ☐CENTRAL STA.

OTHER PROTECTION (FENCES, FLOODLIGHTS, ULTRASONIC DEVICES, ETC.)

DOORS & PROTECTION

WINDOWS & PROTECTION

ACORD FIDELITY SUPPLEMENT

DATE (MM/DD/YY)

SUPPLEMENT CRIME SECTION FOR (NAME OF APPLICANT)

DEFINITION OF EMPLOYEES

"Employees" as used in the Policy means all of the natural persons (except directors or trustees of the Applicant, if a corporation, who are not also officers or employees thereof in some other capacity), while in the regular service of the Applicant in the ordinary course of the Applicant's business during the Policy Period, and whom the Applicant compensates by salary, wages or commissions, and has the right to govern and direct in the performance of such service, and who are engaged in such service within any of the **States of the United States of America, the District of Columbia, Virgin Islands, Puerto Rico, Canal Zone or Canada,** or elsewhere for a limited period, but not to mean brokers, factors, commission merchants, consignees, contractors or other agents or representatives of the same general contractor.

CLASSIFICATION OF EMPLOYEE

CLASS 1 EMPLOYEES (as classified by position)

(a) Executives, officials and all other employees, except Class 2 Employees, who, as a part of their regular duties, **handle or have custody of money, securities or merchandise** (the latter meaning commodities customarily traded in by the Applicant), **including in any event** all occupants of positions listed below.

NOTE: Even though they may, on occasion, handle money, securities or merchandise, the following positions should not, for that reason, be classified as Class 1 Employees: inside salesmen (except those of automobile dealers), inside messengers, clerks, typists, stenographers and business machine, elevator and telephone operators, foremen, factory workers, janitors, porters, laborers, mechanics and other similar positions.

OFFICIALS	Number of Occupants
CHAIRMAN	
PRESIDENT	
VICE-PRESIDENT	
TREASURER	
ASSISTANT TREASURER	
SECRETARY	
ASSISTANT SECRETARY	
ATTORNEYS	
BURSAR	
ASSISTANT BURSAR	
COMPTROLLER	
ASSISTANT COMPTROLLER	
ACCOUNTING	
ACCOUNTANTS (SENIOR) FOR ACCOUNTING FIRMS	
AUDITORS	
ASSISTANT AUDITORS	
CASHIERS	
ASSISTANT CASHIERS	
BOOKKEEPERS	
PAYMASTER	
ASSISTANT PAYMASTERS	
TIMEKEEPERS	
ASSISTANT TIMEKEEPERS	
ADJUSTERS	

MANAGEMENT	Number of Occupants
MANAGERS	
ASSISTANT MANAGERS	
BRANCH MANAGERS	
ASSISTANT BRANCH MANAGERS	
DEPARTMENT MANAGERS	
ASSISTANT DEPARTMENT MANAGERS	
SUPERINTENDENTS	
ASSISTANT SUPERINTENDENTS	
FACTORY SUPERINTENDENTS	
ASSISTANT FACTORY SUPERINTENDENTS	
PURCHASING AGENTS	
ASSISTANT PURCHASING AGENTS	
MESSENGERS (OUTSIDE)	
METER READERS WHO COLLECT	
REFINERY GAUGERS OF OIL COMPANIES HANDLING REFINED GASOLINE AND OILS	
TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES	
STOCK	
APPRAISERS	
CLERKS ACTING AS APPRAISERS	
SHIPPING OR RECEIVING CLERKS	
STOCK CLERKS	
CUSTODIANS	
WAREHOUSEMEN	

WATCHMEN	
DIETITIANS WHO ORDER FOOD	
SALES	Number of Occupants
SALES MANAGERS	
ASSISTANT SALES MANAGERS	
FLOORWALKERS	
BUYERS	
ASSISTANT BUYERS	
SALESMEN OF AUTOMOBILE DEALERS	
*SALESMEN (OUTSIDE WHO COLLECT)	
*DEMONSTRATORS	
*CANVASSERS	
*DRIVERS	
*DRIVERS' HELPERS (OTHER THAN BREWERS)	
DRIVER'S HELPERS (BREWERS)	
BUS DRIVERS TRANSPORTING FREIGHT ONLY OR FREIGHT AND PASSENGERS	
*CHAUFFEURS	
SERVICE STATION ATTENDANTS	
OTHER	
TOTAL (a)	

(b) All other Employees except those listed in (a) above or those designated below as Class 2 Employees.

TOTAL (b) _____

*** For certain types of business those positions marked * are subject to Class 2 Ratings as indicated below.**

CLASS 2 EMPLOYEES

This Class embraces Canvassers (for all Insureds) Chauffeurs, Collectors, Demonstrators, Drivers, Drivers' Helpers (other than Drivers' Helpers for Brewery Companies who are Class 1 Employees), certain Janitors and Superintendents of Buildings, Outside Salesmen, whether or not they collect and other similar positions. The Class 2 employee classifications apply to those Insureds whose business description appears in the Fidelity Industrial Class Code & Rate Modification Table with an asterisk preceding the Class Code number.

TOTAL CLASS 2 _____

TOTAL NUMBER OF EMPLOYEES _____ TOTAL LOCATIONS _____

NOTE: A 6 YEAR LOSS HISTORY IS REQUIRED.

ADDITIONAL DISHONESTY COVERAGE

IF ADDITIONAL DISHONESTY COVERAGE IS DESIRED ON EMPLOYEES IN CERTAIN POSITIONS, COMPLETE THE FOLLOWING:

NAME	POSITION	LOCATION	ADDITIONAL COVERAG

AUDITS & INTERNAL CONTROLS

1 FREQUENCY OF CASH/ACCOUNTS AUDITS AND BY WHOM? (TYPE OF AUDIT, NAME OF FIRM. IF CPA, TYPE) ARE ALL LOCATIONS INCLUDED?

2 FREQUENCY OF INVENTORY AUDITS AND BY WHOM? (CPA, STAFF, OTHER) ARE ALL LOCATIONS INCLUDED?

3 HOW OFTEN AND BY WHOM ARE OUTSTANDING ACCOUNTS VERIFIED?

4 ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW? HOW OFTEN?

5 WHO, IF ANYBODY, HAS CHECKSIGNING AUTHORITY WITHOUT COUNTERSIGNATURE REQUIREMENT (SPECIFY LIMIT)?

6 IF CHECKS ARE PRE-SIGNED, IS COUNTERSIGNATURE REQUIRED?

7 DOES SOMEONE OUTSIDE OF YOUR ACCOUNTS PAYABLE UNIT CONFIRM CORRECTNESS OF ALL INVOICES PAID MONTHLY? ARE THESE INVOICES STAMPED "PAID" AT TIME CHECKS ARE ISSUED TO PREVENT DUPLICATE CHECKS ISSUED TO FICTITIOUS PERSONS?

8 IF APPLICANT HANDLES MERCHANDISE, RAW MATERIALS, ETC., IS A VERIFICATION MADE OF THE RECEIPT THEREOF BEFORE PAYMENT IS MADE? ALSO, ARE PROCEDURES IN EFFECT TO BE CERTAIN THAT MERCHANDISE, ETC., IS NOT RELEASED FROM APPLICANT'S CUSTODY EXCEPT UPON PROPER REQUISITION OR SHIPPING ORDERS? (EXPLAIN FULLY)

9 WILL SECURITIES BE SUBJECT TO JOINT CONTROL BY TWO OR MORE RESPONSIBLE EMPLOYEES?

10 DO OUTSIDE EMPLOYEES COLLECT? IF SO, WHAT IS THE DAILY AMOUNT AND HOW MANY LOCATIONS?

11 ARE ORDER BLANKS, RECEIPTS, INVOICES ETC. PRE-NUMBERED AND ACCOUNTED FOR?

12 ARE CUSTOMER ACCOUNTS BILLED MONTHLY BY MAIL?

13 ARE OWNERS ACTIVE IN OPERATION OF BUSINESS?

14 IF APPLICANT USES COMPUTERS:

Is Programmer Permitted to Operate Machine with His Programs? ☐ YES ☐ NO

Is Computer Checkwriting Separate from Check Authorizing? ☐ YES ☐ NO

Are Operators Rotated Periodically? ☐ YES ☐ NO

Does Applicant Have In-House Programmers? ☐ YES ☐ N

15 WILL APPLICANT CONTACT FORMER EMPLOYERS OF NEW EMPLOYEES TO CONFIRM SATISFACTORY PAST EMPLOYMENT RECORD?

16 IS THERE OTHER FIDELITY COVERAGE TO BE SUPERSEDED? (GIVE FORM OF POLICY OR BOND, EFFECTIVE DATE, AMOUNT, CARRIER)

17 ARE SHOPPING SERVICES OR OTHER PROFESSIONAL INVESTIGATORS USED TO CHECK ON EMPLOYEES?

REMARKS:

The Employees of the Applicant have all, to the best of the Applicant's knowledge and belief, while in the service of the Applicant always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Applicant indicates that any of the said Employees are dishonest. Such knowledge as any officer signing for the Applicant may now have in respect to his own personal acts or conduct, unknown to the Applicant, is not imputable to the Applicant.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

ACORD TRANSPORTATION SECTION

DATE

PRODUCER

APPLICANT

PROPOSED EFF. DATE	PROPOSED EXP. DATE	PAYMENT PLAN	PAYMENT PLAN	PREM. ADJ.
		☐ AGENCY ☐ DIRECT		

FOR COMPANY USE ONLY

INTEREST

APPLICANT IS:
☐ COMMON CARRIER ☐ OTHER
☐ CONTRACT CARRIER
☐ SHIPPER OF OWNED PROPERTY

TYPE

☐ TRANSPORTATION
☐ MOTOR TRUCK CARGO LEGAL LIABLITY
☐ OPEN
☐ ANNUAL

OTHER

TRANSPORTATION OPERATIONS (MOTOR TRUCK CARGO LEGAL LIABILITY ON REVERSE SIDE)

PROPERTY SHIPPED	POINTS OF ORIGIN	POINTS OF DESTINATION

Tterritory

ANNUAL GROSS SALES
$

CONVEYANCE USED	ANNUAL VALUES SHIPPED AT APPLICANT'S RISK			AVERAGE VALUE PER SHIPMENT	LIMIT OF LIABILITY	BILL OF LADING	
	INCOMING	OUTGOING	INTERPLANT			FULL VALUE	RELEASED VALUE
CONTRACT CARRIER	$	$	$	$	$	☐ YES ☐ NO	$
COMMON CARRIER	$	$	$	$	$	☐ YES ☐ NO	$
RAIL	$	$	$	$	$	☐ YES ☐ NO	$
AIR CARRIER	$	$	$	$	$	☐ YES ☐ NO	$
	$	$	$	$	$	☐ YES ☐ NO	$
OWNED VEHICLES	$	$	$	$	$		
TOTAL	$	$	$	$	$		

☐ ALL RISK
☐ NAMED PERILS
☐ INCLUDING THEFT

DEDUCTIBLE

# TRUCKS OPERATED	# TRACTORS OPERATED	# TRAILERS OPERATED	# TANK-TRUCKS OPERATED	# REFRIG. UNITS OPERATED	SPECIAL UNITS OWNED/OPERATED

VEHICLE SCHEDULE (ATTACH ACORD 129 IF NECESSARY. ATTACH A SEPARATE DRIVER INFORMATION LIST.)

#	MODEL YEAR	VEHICLE TYPE (MANUFACTURER, MODEL, CAPACITY, ETC.)	ID#/SERIAL NO.	DATE PURCHASED	NEW/USED	RADIUS OF OPERATIONS

F.O.B.

IS CONTINGENT COVERAGE DESIRED ON F.O.B. SHIPMENTS MADE BY THE APPLICANT? ☐ YES ☐ NO

IF "YES", ENTER PERCENTAGE OF ANNUAL GROSS SALES REPRESENTED BY F.O.B. SHIPMENTS %

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	☐	☐	6.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?	☐	☐
2.	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?	☐	☐	7.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?	☐	☐
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?	☐	☐	8.	ARE VEHICLES LEFT LOADED OVERNIGHT?	☐	☐
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?	☐	☐				
5.	ANY WATERBORNE SHIPMENTS TO BE COVERED?	☐	☐				

REMARKS:

OPERATIONS — MOTOR TRUCK CARGO LEGAL LIABILITY

PROPERY HAULED	GROSS RECEIPTS LAST 12 MONTHS	GROSS RECEIPTS NEXT 12 MONTHS
	$	$
TERRITORY	**AVERAGE DISTANCE**	**MAXIMUM DISTANCE**

LIST TARGET COMMODITIES CARRIED	% OF GROSS REVENUES	MAXIMUM VALUE PER VEHICLE
	%	$
	%	$
	%	$
	%	$
	%	$
	%	$
	%	$

LIST STATES WHERE FILINGS REQUIRED

☐ DOCKET NO. _____

☐ I.C.C. FILING REQUIRED
DOCKET NO._____

LIMIT OF LIABILITY

PER SINGLE CONVEYANCE	PER DISASTER	☐ LOADING/UNLOADING	
		LIMIT	DEDUCTIBLE
$	$	$	$

☐ ALL RISK
☐ NAMED PERILS
☐ INCLUDING THEFT
☐ LOADING/UNLOADING

DEDUCTIBLE

# TRUCKS OPER.	# TRACTORS OPERATED	# TRAILERS OPERATED	# TANK-TRAILERS OPERATED	# REFRIG. UNITS OPERATED	SPECIAL UNITS OWNED/OPERATED

TERMINALS

LOC #	ADDRESS (ACORD 125)	AVERAGE VALUE AT TERMINAL	MAXIMUM VALUE AT TERMINAL	LIMIT OF LIABILITY
		$	$	$
		$	$	$
		$	$	$

VEHICLE SCHEDULE (ATTACH ACORD 129 IF NECESSARY. ATTACH A SEPARATE DRIVER INFORMATION LIST)

#	MODEL YEAR	VEHICLE TYPE (MANUFACTURER, MODEL, CAPACITY, ETC.)	ID #/SERIAL NO.	DATE PURCHASED	NEW/USED	RADIUS OF OPERATIONS

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	☐	☐
2.	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?	☐	☐
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?	☐	☐
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?	☐	☐
5.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?	☐	☐
6.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?	☐	☐

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
7.	ARE O.S.&D. CLAIMS PENDING?	☐	☐
8.	ARE ANY VEHICLES OPERATED FOR THE APPLICANT BY OTHERS?	☐	☐
9.	DO TERMINALS HAVE FIRE PROTECTION (SPRINKLERS, HOSES, ETC.)?	☐	☐
10.	DO TERMINALS HAVE SECURITY SYSTEMS (GUARDS, ALARMS, FENCES, LIGHTS, DOGS, ETC.)?	☐	☐
11.	ARE VEHICLES LEFT LOADED OVERNIGHT?	☐	☐

ATTACH TO THE APPLICANT INFORMATION SECTION

GLASS & SIGN SECTION

DATE (MM/DD/YY)

PRODUCER

APPLICANT

PROPOSED EFF. DATE	PROPOSED EXP. DATE	GLASS	SIGN
		$ DED.	☐ FULL FORM COVERAGE
		RETENTION %	☐ DEDUCTIBLE CLAUSE

FOR COMPANY USE ONLY

GLASS SCHEDULE

LOC. #	ITEM #	# OF PLATES	PLATE SIZE LENGTH	PLATE SIZE WIDTH	DESCRIPTION (INCLUDE LETTERING, ORNAMENTATION & CLASS) INDICATE IF SAFETY GLASS	USE AND POSITION IN BUILDING	AMOUNT OF INSURANCE
							$
							$
							$
							$
							$
							$
							$
							$

SIGN SCHEDULE

LOC. #	ITEM #	INSIDE/ OUTSIDE	DESCRIPTION (NEON, ELECTRICAL, MECHANICAL, LETTERING, SIZE, ETC.)	AMOUNT OF INSURANCE
				$
				$
				$
				$

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES	YES	NO
	GLASS COVERAGE		
.	ARE THERE ANY PAINTED PLATES (PARTIAL/COMPLETE)?		
.	ANY PLATES FIXED, GLUED OR IN ANGLE SETTINGS?		
.	ANY OBSTRUCTIONS OR UNUSUAL SETTINGS?		
.	DOES APPLICANT WISH TO INSURE TAPE ON GLASS?		
.	DOES APPLICANT WISH TO INSURE LETTERING ON GLASS?		
.	EXCESS LIMITS FOR FRAMES, TEMP. INSTALLATION AND REMOVAL?		
	SIGN COVERAGE		
.	ANY SIGNS OFF PREMISES OR NOT ATTACHED TO BUILDING?		

#	EXPLAIN ALL "YES" RESPONSES	YES	NO
	GENERAL INFORMATION FOR GLASS/SIGN COVERAGE		
8.	IS THE BUILDING OR AREA UNDER CONSTRUCTION?		
9.	DO GLASS OR SIGNS HAVE SCRATCHES, CRACKS OR DEFECTS (SPECIFY)?		
10.	DID AGENT INSPECT SIGNS OR GLASS?		
11.	ARE ANY LOCATIONS WITH GLASS OR SIGNS VACANT?		

REMARKS:

ACCORD ACCOUNTS RECEIVABLE/VALUABLE PAPERS SECTION

DATE

PRODUCER	APPLICANT			
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN
			☐ AGENCY ☐ DIRECT	
	FOR COMPANY USE ONLY			

ACCOUNTS RECEIVABLE

LOCATION

BUILDING CONSTRUCTION	SPRINKLERS	CLASSIFICATION OF BUSINESS	
	☐ YES ☐ NO	☐ RETAIL % ☐ WHOLESALE %	☐ MANUFACTURING % ☐ INSURANCE %

LOCATION OF RECORDS

ADDRESS OR LOCATION (ACORD 125)			SECTION OF BUILDING	FIRE CONTENTS RATE %	
SAFE/VAULT/RECEPTACLE (MANUFACTURER)	CLASS	LABEL	DOOR TYPE	COMBINATION LOCKS	DOOR THICKNESS / WALL THICKNESS
			☐ ROUND ☐ SCREW ☐ SQUARE	☐ OUTER ☐ INNER ☐ CHEST	
SAFE/VAULT/RECEPTACLE CONSTRUCTION					

DUPLICATE RECORDS KEPT	% OF RECORDS DUPLICATED	PERIOD RECORDS KEPT	LOCATION OF DUPLICATE RECORDS
☐ YES ☐ NO	%		

TYPE OF ALARM (CHECK ALL THAT APPLY)	AREAS PROTECTED	CERTIFICATE NUMBER	EXPIRATION DATE	EXTENT	GRADE
☐ HOLDUP ☐ LOCAL GOING ☐ BURGLAR ☐ POLICE CONNECT ☐ CENTRAL STA. ☐ WITH KEYS	☐ PARTIAL ☐ COMPLETE ☐ SAFE/VAULT	ALARM INSTALLED & SERVICED BY			

NO. GUARDS	NO. WATCHMEN	☐ CLOCK HOURLY ☐ CENTRAL STA.	OTHER PROTECTION (FENCES, FLOODLIGHTS, ULTRASONIC DEVICES, ETC.)

DOORS & PROTECTION	WINDOWS & PROTECTION

POLICY INFORMATION

LIMIT		OFF PREMISES LIMIT	OTHER
$	☐ REPORTING ☐ NON REPORTING	$	

HISTORY OF RECEIVABLES

ENTER THE AMOUNT OF RECEIVABLES OUTSTANDING AS OF THE LAST FISCAL DAY OF EACH OF THE 24 MONTHS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION.

MO./YR.	ACCOUNTS RECEIVABLE	MO./YR.	ACCOUNTS RECEIVABLE	MO./YR.	ACCOUNTS RECEIVABLE	MO./YR.	ACCOUNTS RECEIVABLE
(1)	$	(7)	$	(13)	$	(19)	$
(2)	$	(8)	$	(14)	$	(20)	$
(3)	$	(9)	$	(15)	$	(21)	$
(4)	$	(10)	$	(16)	$	(22)	$
(5)	$	(11)	$	(17)	$	(23)	$
(6)	$	(12)	$	(18)	$	(24)	$

STATE PERCENTAGE OF TOTAL MONTHLY ACCOUNTS RECEIVABLE CURRENTLY REPRESENTED BY DEFERRED PAYMENT ACCOUNTS.	UNCOLLECTABLE ACCOUNTS (PAST THREE YEARS)		
	19 ____	19 ____	19 ____
%	$	$	$

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#		YES	NO
1.	IS "CYCLE BILLING" ACCOUNTING SYSTEM USED.	☐	☐	2.	ARE BILLED AND UNBILLED RECORDS KEPT SEPARATE?	☐	☐
				3.	HAS THERE BEEN FLOODING AT ANY LOCATION?	☐	☐

REMARKS:

VALUABLE PAPERS ON REVERSE SIDE

VALUABLE PAPERS

LOCATION

BUILDING CONSTRUCTION	SPRINKLERS	
	☐ YES ☐ NO	

LOCATION OF PAPERS

ADDRESS OR LOCATION (ACORD 125)	SECTION OF BUILDING	FIRE CONTENTS RA

RECEPTACLES IN WHICH PROPERTY IS **WARRANTED** TO BE KEPT AT ALL TIMES WHEN PREMISES NOT OPEN FOR BUSINESS.

SAFE/VAULT/RECEPTACLE (MANUFACTURER)	CLASS	LABEL	DOOR TYPE	COMBINATION LOCKS	DOOR THICKNESS	WAL THICKN
			☐ ROUND ☐ SCREW ☐ SQUARE	☐ OUTER ☐ INNER ☐ CHEST		
SAFE/VAULT/RECEPTACLE CONSTRUCTION						

TYPE OF ALARM (CHECK ALL THAT APPLY)	AREAS PROTECTED	CERTIFICATE NUMBER	EXPIRATION DATE	EXTENT	GI
☐ HOLDUP ☐ LOCAL GONG ☐ BURGLAR ☐ POLICE CONNECT ☐ CENTRAL STA. ☐ WITH KEYS	☐ PARTIAL ☐ COMPLETE ☐ SAFE/VAULT	ALARM INSTALLED & SERVICED BY			

NO. GUARDS	NO. WATCHMEN	☐ CLOCK HOURLY ☐ CENTRAL STA.	OTHER PROTECTION (FENCES, FLOODLIGHTS, ULTRASONIC DEVICES, ETC.)

DOORS & PROTECTION	WINDOWS & PROTECTION

POLICY INFORMATION

LIMIT	OFF PREMISES LIMIT		CAN VALUABLE PAPERS BE REPLACED?
$	$	☐ BLANKET $_____ ☐ SPECIFIED AMOUNT	☐ YES ☐ NO

PAPERS

#	DESCRIPTION OF PAPERS ☐ SEE ATTACHED LIST	SPECIFIED AMOUNT
		$
		$
		$
		$
		$
		$
		$
		$
		$

REMARKS

ATTACH TO APPLICANT INFORMATION SECTION

acord EQUIPMENT FLOATER SECTION

DATE

PRODUCER

APPLICANT

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN
		☐ AGENCY ☐ DIRECT	

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TERRITORY OF OPERATION

TYPE OF OPERATION (ACORD 125)

COVERAGE

DEDUCTIBLE

EQUIPMENT STORAGE (ACORD 125)

LOC #	MO. IN STORAGE	MAXIMUM VALUE IN BUILDING	MAXIMUM VALUE OUTSIDE	TYPE OF SECURITY
1.		$	$	
2.		$	$	
3.		$	$	

UNSCHEDULED EQUIPMENT

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS

ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (ATTACH SEPARATE SHEET IF NECESSARY)

#	NAME AND ADDRESS	INTEREST	CERT.
			☐
			☐
			☐
			☐
			☐
			☐
			☐

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?	☐	☐
2.	IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	☐	☐

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
3.	PROPERTY USED UNDERGROUND?	☐	☐
4.	ANY WORK DONE AFLOAT?	☐	☐

REMARKS:

ACORD CORPORATION 1980

SCHEDULED EQUIPMENT

% COINSURANCE

#	MODEL YEAR	DESCRIPTION (TYPE, MANUFACTURER, MODEL, CAPACITY, ETC.)	ID#/SERIAL NO.	DATE PURCHASED	NEW/USED	AMOUNT OF INSURANCE
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
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						$
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						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$

acord INSTALLATION/BUILDERS RISK SECTION

DATE

PRODUCER

APPLICANT

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	PREM. ADJ.
		☐ AGENCY ☐ DIRECT		

FOR COMPANY USE ONLY

OPEN REPORTING FORM

OVERAGE

LIMIT AT ANY SINGLE LOCATION	LIMIT PER DISASTER	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT
$	$	$	$

PERILS/DEDUCTIBLE

PERILS	SUB LIMIT	DEDUCTIBLE
☐ EARTHQUAKE	$	
☐ FLOOD	$	
☐	$	
☐ ALL RISK ☐ NAMED PERILS		

TERRITORY

SPECIFY THE APPLICANTS OPERATING TERRITORY:

RECEIPTS

ENTER THE GROSS INSTALLATION RECEIPTS.

PAST 12 MONTHS	NEXT 12 MONTHS (ESTIMATE)
$	$

JOBS/VALUES

TYPE	ANNUAL NUMBER	DURATION	#JOBS IN PROGRESS		COST OR VALUE OF EACH INSTALLATION			MATERIAL COST (% OF TOTAL)
			MAXIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	
RESIDENTIAL					$	$	$	%
COMMERCIAL					$	$	$	%

ADDITIONAL INTERESTS (ATTACH A SEPARATE SHEET IF NECESSARY)

RIGGING

DESCRIBE ALL HOISTING OR OTHER OPERATIONS REQUIRING RIGGING.

TRANSPORTATION/SECURITY

ESTIMATE % OF VALUE OF MATERIAL SHIPPED TO JOB SITE AT APPLICANT'S RISK.

%

DESCRIBE JOB SITE SECURITY

REMARKS:

SPECIFIC JOB ON REVERSE SIDE

ACORD CORPORATION © 1980

SPECIFIC JOB

COVERAGE

LIMIT AT LOCATION	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT
$	$	$

PERILS & DEDUCTIBLE

PERILS	SUB LIMIT	DEDUCTIBL
☐ EARTHQUAKE	$	
☐ FLOOD	$	
☐	$	
☐ ALL RISK		
☐ NAMED PERILS		

JOB TERM/VALUES

JOB TERM		CONTRACT AMOUNT	VALUE OF OWNER SUPPLIED PROPERTY
COMMENCEMENT	COMPLETION		
		$	$

SECURITY

DESCRIBE JOB SITE SECURITY

JOB DESCRIPTION

DESCRIBE THE WORK TO BE PERFORMED (INCLUDING LOCATION—ACORD 125)

INSURED'S JOB NUMBER_____

ADDITIONAL INTERESTS (ATTACH A SEPARATE SHEET IF NECESSARY)

TRANSPORTATION

TOTAL VALUES TO BE SHIPPED TO THIS JOB SITE AT APPLICANT'S RISK.

AMOUNT SHIPPED	% FOR APPLICANT'S VEHICLES	% BY COMMON/ CONTRACT CARRIER	DISTANCE INVOLVED
$	%		

RIGGING

DESCRIBE ALL HOISTING OR OPERATIONS REQUIRING RIGGING.

REMARKS:

APPENDIX #7

MONTANA INSURANCE ASSISTANCE PLAN
Montana Insurance Department
P.O. Box 4009
Helena, MT 59604

MONTANA INSURANCE ASSISTANCE PLAN
STATEMENT OF PARTICIPATION

Our company,_____
will participate in the Montana Insurance Assistance Plan.

We are willing to consider the writing of risks, which are presented to us in accordance with the terms of the Plan, subject to the use of our forms and rates.

The classes of business we are willing to consider include:

_____ Political Subdivision Liability
_____ Licensed Child Day-Care Center Liability
_____ Licensed Family Day-Care Home Liability
_____ Liquor Liability

Additional areas in which we have expertise and are willing to consider include:

_____ Directors and Officers Liability
_____ Commercial Auto Liability
_____ Oil and Gas Liability
_____ Recreation Coverage, Including Outfitters and Guides and Water Risks
_____ Product Liability
_____ Other (please specify)

_____

_____

_____

Signature:_____

Printed Name:_____ Title:_____

Contact Person:_____

Mailing Address:_____

Return by August 22, 1986 To: Montana Insurance Assistance Plan
P.O. Box 4009
Helena, MT 59604

APPENDIX #8

M E M O R A N D U M

TO: The Company Chief Executive Officer

FROM: ANDREA "Andy" BENNETT, Commissioner of Insurance

SUBJECT: Reconsideration of Montana Insurance Assistance Plan

DATE: July 29, 1986

The Montana Insurance Assistance Plan became effective on June 2, 1986. I have received positive responses from a majority of the major commercial writers in this state. The insurance companies that have already agreed to participate in the Plan represent an estimated 45-50% of the direct earned premiums in the state of Montana. I sincerely appreciate their concern and commitment to help Montana insurance consumers.

The purpose of this letter is to ask that you reconsider your decision regarding participation in the Montana Insurance Assistance Plan. The Plan gives the industry a chance to show its good will to the insurance consuming public. Many insurance people have told me that they believe market assistance plans such as ours are the most positive way to address the problems of insurance consumers. I believe that the rest of the insurance industry should follow the example set by the major commercial writers and agree to participate in the Plan.

House Bill 16, which created the Montana Insurance Assistance Plan, states: "If, after a public hearing, the Commissioner determines that a voluntary plan would, in his judgment, fail for any reason to provide essential insurance coverage, he may, by rule, establish a nonprofit unincorporated legal entity known as a Joint Underwriting Association. Each insurer authorized to write and engaged in writing within this state, on a direct premium basis, the kind of insurance covered by the Association shall remain a member of the Association as a condition of its authority to continue to transact that kind of insurance in this state." It would be unfortunate if I had to establish a JUA in order to provide essential coverage for Montana insurance consumers.

A company having no experience writing commercial liability insurance for public entities, day-care homes, day-care centers, or liquor liability will not receive an application. Although you may not receive an application for the four areas above, in the event that the Advisory Committee and I determine that other coverages should be added to the Plan, I would need to know what types of commercial liabilities you write. In other words, if you write any commercial liability insurance in Montana, your participation in the Plan is necessary.

I have enclosed for your convenience the Montana Insurance Assistance Plan Statement of Participation. Please indicate what types of commercial liability insurance you currently write, and include the name and phone number of a contact person.

Remember, if you participate in the Plan, you will receive applications only for lines in which you have experience. A company that participates in the Plan may still decline to write any risk that is submitted to the Plan.

Thank you for your consideration. I look forward to your positive response in helping insurance consumers.

APPENDIX #9

MONTANA INSURANCE ASSISTANCE PLAN

COMMERCIAL LIABILITY

Post Office Box 4009
Helena, Montana 59604

1. What is the *Montana Insurance Assistance Plan* and what is its purpose?

   The *Montana Insurance Assistance Plan* is a temporary, voluntary market of last resort for placement of general liability and commercial insurance for the following risks:
   (a) political subdivision liability, excluding pollution risks
   (b) family day care homes
   (c) day care centers
   (d) liquor liability

   The *Montana Insurance Assistance Plan* is run by an advisory committee of insurer, agent, and state government representatives. In addition to providing assistance in placement of insurance, the *Montana Insurance Assistance Plan* will develop data on the extent and nature of commercial liability problems in Montana by reviewing the applications submitted to the Plan for assistance.

2. Will other types of risks seeking general liability coverage be added to the *Montana Insurance Assistance Plan*?

   If other commercial lines of liability coverage is found to have critical market availability problems, it can be added to the Plan. Information on market availability problems should be mailed to *Montana Insurance Assistance Plan*, P. O. Box 4009, Helena, MT 59604.

3. Under what authority does the *Montana Insurance Assistance Plan* operate?

   The *Montana Insurance Assistance Plan* operates under the legal sanction, auspices and appointment of the Montana Insurance Commissioner. The Montana Insurance Commissioner retains all final decision-making authority regarding the *Montana Insurance Assistance Plan* and its operations. The Commissioner will continually review the workings of the Plan.

4. What are the committees of the *Montana Insurance Assistance Plan* and their functions?

   The *Montana Insurance Assistance Plan* operates through three standing committees. The Advisory Committee directs the overall operation of the *Montana Insurance Assistance Plan* and reports monthly to the Montana Insurance Commissioner. The Agents Committee reviews all properly executed applications and attempts to place coverage whenever possible. The Underwriters Committee attempts to find coverage of any applications that the Agents Committee is unable to assist.

5. Who may apply for assistance through the *Montana Insurance Assistance Plan*?

   Any risk enumerated in No. 1 above, of any size, seeking general liability or

commercial coverages. Only the business operations in Montana are eligible. The business must have been declined coverage by a minimum of two insurers plus one surplus lines agent.

6. How can an eligible risk apply for assistance?

Applications must be submitted through a licensed Montana agent. When the program has located an insurance company willing to write a policy for an applicant, the company will negotiate directly with the agent who represents the applicant.

7. Is there a limit to the amount of insurance the *Montana Insurance Assistance Plan* can write for an applicant?

The limits for each policy will be negotiated on a case-by-case basis for each risk individually.

8. Will the *Montana Insurance Assistance Plan* assist businesses in locating any other type of insurance?

The *Montana Insurance Assistance Plan* was established to deal only with the types of risks enumerated in No. 1, that have demonstrated availability problems with general liability and commercial coverage. The Montana Insurance Commissioner with recommendations from the Advisory Committee can add additional risks or commercial liability coverage to the Plan if a need is demonstrated.

9. Are there any criteria used to qualify applicants for assistance by the *Montana Insurance Assistance Plan*?

The COVER APPLICATION has been developed by the *Montana Insurance Assistance Plan* for use with the normal ACORD forms. The application requires information on those insurers who declined coverage and basic descriptive information on the business. This completed application form along with the appropriate ACORD forms, and an application fee are all that is required to be considered for assistance.

10. Is there a fee for submitting an application to the *Montana Insurance Assistance Plan*?

The *Montana Insurance Assistance Plan* has set fees for each type of coverage as stated on the COVER APPLICATION. The fees are for processing the applications allowing the Plan to be self-sustaining. The fee is used only to defray actual costs of the Plan, such as postage, telephone and printing expense. No member of the *Montana Insurance Assistance Plan* receives any pay or remuneration. Members are reimbursed for basic expenses. The applicant must pay the fee. It is not refundable, even if the Plan fails to locate coverage. The fee must be paid by cashiers check or money order and should be made payable to: The *Montana Insurance Assistance Plan.*

11. How will an application be processed?

When properly completed, the application will be forwarded to the Agents

Committee by the Advisory Committee. Members of the Agents Committee will review applications within their area of expertise and will work for placement of the risk and negotiate terms of placement. If the Agents Committee fails, the application will be forwarded to the Underwriters Committee for possible placement. If this committee fails, it must draft a letter outlining exactly why the risk cannot be placed. This letter will be addressed to the Insurance Commissioner and must be reviewed and approved by the Advisory Committee. A letter will also be sent to the agent advising of the disposition of the application.

12. How much time will it take to process an application?

The *Montana Insurance Assistance Plan* will process applications as quickly as possible. Because of the lead time needed by the committees, agents should work their renewals early to identify potential problem areas and to avoid deadline crises. It is anticipated that a difficult risk could take several months to process. In these instances, the committee will negotiate with the current carrier to extend coverage until new coverage can be located. Time may, of course, vary depending on the number of applications received.

13. Where can application forms and other information be obtained?

All properly executed applications should be addressed to:

The Montana Insurance Assistance Plan
c/o Montana Insurance Department
P. O. Box 4009
Helena, MT 59604
Phone: 1-800-332-6148

Information regarding this Plan will be available from the following:

Independent Insurance Agents Association of Montana
c/o Roger McGlenn, Executive Director
P. O. Box 5593
Helena, MT 59604
Phone: 406-442-9555

or

Professional Insurance Agents
Riley Johnson, Executive Director
9 North Last Chance Gulch
Helena, MT 59601
Phone: 406-442-6424

Application Forms: The COVER APPLICATION and the ACORD applications and/or supplemental forms where appropriate, should be completed in their entirety. Incomplete applications may be returned.

14. Where should completed application forms be mailed?

Montana Insurance Assistance Plan
P. O. Box 4009
Helena, MT 59604

15. Does the *Montana Insurance Assistance Plan* guarantee coverage for an insured?

No. The *Montana Insurance Assistance Plan* is constituted as an assistance program, not as a carrier capable of assuming insurance risks. It has no power to guarantee successful conclusion to any assistance request. It is assumed that there may be some risks that will not find an available market for their commercial liability coverage.

16. Are all insurance companies required to accept risks placed through the *Montana Insurance Assistance Plan*?

No. The *Montana Insurance Assistance Plan* is a voluntary effort to locate markets for individual coverage. The Montana Insurance Commissioner has asked all property casualty companies and surplus lines agents to participate and designate individuals within their organization to handle requests for risk placement that come through the *Montana Insurance Assistance Plan*. However, each company may accept or reject a risk on an individual basis. Most major property casualty companies licensed in Montana supported the formation of the *Montana Insurance Assistance Plan* through their associations and are willing voluntarily to assume some of the risks referred to their companies by the *Montana Insurance Assistance Plan.*

17. How long will the *Montana Insurance Assistance Plan* be in operation?

Although the program is considered a temporary solution, it will continue to function as long as applications continue to be received. The Advisory Committee of the *Montana Insurance Assistance Plan* will review the status of the program periodically and report its recommendations for continuation or dissolution to the Montana Insurance Commissioner.

18. Will the *Montana Insurance Assistance Plan* "solve" the commercial liability "problem" in Montana?

The Plan is designed to address availability problems. To the extent that coverage can be placed for the applicants, it accomplishes this purpose.

19. Is there a procedure for registering a complaint or contesting a ruling of one of the committees?

The final jurisdiction for the *Montana Insurance Assistance Plan* rests with the Montana Insurance Commissioner. However, the Commissioner will refer all complaints to the Advisory Committee of the *Montana Insurance Assistance Plan* for review prior to action by the Commissioner. Complaints can be sent to:

Montana Insurance Department
P. O. Box 4009
Helena, MT 59604

ATTN: Montana Insurance Assistance Plan

20. Is this approach to liability problems being tried in other states?

This market assistance approach to commercial liability availability problems was developed by the National Association of Insurance Commissioners in the late 1970's. It was utilized for products liability availability problems in the late 1970's. Over half of the states have initiated similar programs for current liability insurance problems.

APPENDIX #10

Application Progress Report

Insured: _____

Category of Risk: Political Subdivision

Agents Committee Representative: _____ Originating Agent: _____

Date Application Received: _____

Date Report Completed: _____

Notified Originating Agent: _____

Name of Company Contact Person Phone #	Date Contacted	Response
Safeco John Gettles (206) 881-4504		
Maryland Casualty Gene Sinkule (206) 285-0123		
Aetna Casualty & Surety Ann Phillips (509) 455-4391		
Great American Surplus Lines		
CNA Insurance Co. Wendy Upton (800) 426-0418		
Northwestern Nat'l Fred Hildebrand (406) 442-1050		
USF&G Kent McPhail (800) 332-6112		
St. Paul Fire & Marine Daryl Albright (800) 332-2025		

Name of Company Contact Person Phone #	Date Contacted	Response
United Pacific Darrell Dunlap (509) 838-2951		
Travelers Brad Wise (800) 492-0150		
CIGNA Companies Pat McDonald (800) 541-5600		
American Internat'l Group Duane Mahan (206) 622-3664		
Tudor Insurance Richard L. Smith		

APPENDIX #11

Application Progress Report

Insured: _____

Category of Risk: Liquor Liability

Agents Committee Representative: _____ Originating Agent: _____

Date Application Received: _____

Date Report Completed: _____

Notified Originating Agent: _____

Name of Company Contact Person Phone #	Date Contacted	Response
Safeco John Gettles (206) 881-4504		
Maryland Casualty Gene Sinkule (206) 285-0123		
Aetna Casualty & Surety Ann Phillips (509) 455-4391		
American States Insurance Walt Parkhurst (206) 527-6400		
Casualty Indemnity Exchange		
Fireman's Fund Jim Abbott (800) 453-5233		
USF&G Kent McPhail (800) 332-6112		
St. Paul Fire & Marine Daryl Albright (800) 332-2025		

Name of Company Contact Person Phone #	Date Contacted	Response
United Pacific Darrell Dunlap (509) 838-2951		
United National Ins. Co. Raymond Freudberg (215) 562-6200		
Allstate Ken Marcus (312) 551-2483		
Home Insurance Co. Barry Walter		
Hartford Insurance Fred Wardinsky (406) 761-3006		
Royal Insurance Group Tom Aho (800) 645-2265		

APPENDIX #12

Application Progress Report

Insured: _____

Category of Risk: Day Care Homes

Agents Committee Representative: _____ Originating Agent: _____

Date Application Received: _____

Date Report Completed: _____

Notified Originating Agent: _____

Name of Company Contact Person Phone #	Date Contacted	Response
Safeco John Gettles (206) 881-4504		
Austin Mutual Insurance D.F. Peterson (612) 333-2211		
Aetna Casualty & Surety Ann Phillips (509) 455-4391		
Essex Insurance Jacquelyn Ash (804) 289-3870		
Grange Insurance Dick Parchem (206) 448-4911		
Hartford Insurance Group Fred Wardinsky (406) 761-3006		
State Farm Insurance Larry Martin (503) 370-3537		

Name of Company Contact Person Phone #	Date Contacted	Response
United Pacific Darrell Dunlap (509) 838-2951		
Travelers Brad Wise (800) 492-0150		
National Casualty Co. Service Office-MT		

APPENDIX #13

MONTANA INSURANCE ASSISTANCE PLAN

Participating Companies in the MIAP

October 29, 1986

ADMIRAL INSURANCE CO.
1255 Caldwell Road, P.O. Box 5725
Cherry Hill, NJ 08034-3220
609-429-9200
Best's Rating: Unrated

AETNA CASUALTY AND SURETY
2201 6th Avenue, Suite 700
Seattle, WA 98121
206-441-2200
Best's Rating: "A"

ALLSTATE
Allstate Plaza
Northbrook, IL 60062
312-291-5942
Best's Rating: "A+"

AMERICAN INTERNATIONAL GROUP, INC. (AIG)
70 Pine Street
New York, NY 10270
212-770-7000
Best's Rating: "A+"

AMERICAN STATES INSURANCE CO.
500 North Meridian Street
Indianapolis, IN 46204
317-262-6262
Best's Rating: Unrated

AUSTIN MUTUAL INSURANCE CO.
84 - South 6th Street
Minneapolis, MN 55402
612-333-2211
Best's Rating: "A+"

CASUALTY INDEMNITY EXCHANGE
235 East Main Street, Suite 300
Jefferson City, MO 65101
314-624-3531
Best's Rating: Not Assigned - Insurer has a substantial portion of its business that is reinsured with reinsurers which have not been assigned a Best's rating.

CIGNA
1600 Arch Street, 13 H.O.
Philadelphia, PA 19103
215-241-3992
CIGNA consists of the following 10 companies:
AETNA FIRE UNDERWRITERS INSURANCE CO.
AETNA INSURANCE CO.
ALASKA PACIFIC ASSURANCE CO.
BANKERS STANDARD FIRE AND MARINE CO.
BANKERS STANDARD INSURANCE CO.
CENTURY INDEMNITY CO.
CIGNA INSURANCE CO.
INDEMNITY INSURANCE COMPANY OF NORTH AMERICA
INSURANCE COMPANY OF NORTH AMERICA
PACIFIC EMPLOYERS INSURANCE CO.
Best's Rating: "A" for all CIGNA Companies

CLARENDON NATIONAL INSURANCE CO.
600 Madison Avenue, Suite 1600
New York, NY 10022
212-836-9700
Best's Rating: Rating not assigned as the insurer has an insufficient number of years of representative operating experience for rating purposes.

CNA INSURANCE COMPANIES
Suite 808, Park Place Building
Seattle, WA 98101
206-447-5425
CNA consists of the following 6 companies:
AMERICAN CASUALTY COMPANY OF READING PENNSYLVANIA
CONTINENTAL CASUALTY CO.
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD
TRANSCONTINENTAL INSURANCE CO.
TRANSPORTATION INSURANCE CO.
VALLEY FORGE INSURANCE CO.
Best's Rating: "A+" for all CNA Companies

COLONY INSURANCE CO.
1000 Virginia Center Parkway
Richmond, VA 23295
804-288-7936
Best's Rating: Unrated

CUMIS INSURANCE SOCIETY, INC.
P.O. Box 1084
Madison, WI 53701
608-238-5851
Best's Rating: "B+"

EMPIRE FIRE AND MARINE INSURANCE CO.
1624 Douglas Street
Omaha, NE 68102
402-341-0135
Best's Rating: Unrated

EMPLOYERS MUTUAL COMPANIES
P.O. Box 712
Des Moines, IA 50303-0712
515-280-2576
Best's Rating: "A"

EQUITY GENERAL INSURANCE CO.
3250 Wilshire Blvd.
Los Angeles, CA 90010
213-487-7270
Best's Rating: "B+"

ESSEX INSURANCE CO.
P.O. Box 11046
Richmond, VA 23230
804-289-3870
Best's Rating: Is not assigned as the insurer has a substantial portion of its business that is reinsured with reinsurers which have not been assigned a Best's rating.

FARMERS ALLIANCE MUTUAL INSURANCE CO.
1122 North Main
McPherson, KS 67460
800-835-2005
Farmers Alliance consists of:
ALLIANCE INSURANCE CO., INC.
YUKON INDEMNITY CO.
Best's Rating: Unrated

FEDERATED SERVICE INSURANCE CO.
129 East Broadway
Owatonna, MN 55060
507-455-5200
Best's Rating: "A+"

FIDELITY AND DEPOSIT COMPANY OF MARYLAND
P.O. Box 1227
Baltimore, MD 21203
301-539-0800
Best's Rating: "A+"

FIREMAN'S FUND INSURANCE COMPANIES
P.O. Box 11689
Salt Lake City, UT 84147
801-532-2500
Best's Rating: "A"

FOREMOST INSURANCE CO.
P.O. Box 3333
Grand Rapids, MI 49501
616-942-3000
Best's Rating: "A+"

FRONTIER INSURANCE CO.
196 Broadway
Monticello, NY 12701
914-794-8000
Best's Rating: Is not assigned as the insurer has an insufficient number of years of representative operating experience for rating purposes.

GENERAL AGENTS INSURANCE COMPANY OF AMERICA, INC.
5701 East Loop, 820 South
Fort Worth, TX 76119
800-433-5624
Best's Rating: "C+"

GRANGE INSURANCE ASSOCIATION
200 Cedar Street, P.O. Box 21089
Seattle, WA 98121
206-448-4911
Best's Rating: "B+"

GREAT AMERICAN INSURANCE GROUP
200 South Manchester Avenue
Orange, CA 92668
714-634-4600
Great American Insurance Group consists of 4 companies:
AGRICULTURAL INSURANCE COMPANY
AMERICAN ALLIANCE INSURANCE COMPANY
AMERICAN NATIONAL FIRE INSURANCE CO.
GREAT AMERICAN INSURANCE COMPANY
Best's Rating: Unrated

GREAT AMERICAN SURPLUS LINES INSURANCE CO.
515 Main Street
Cincinnati, OH 45202
513-369-3000
Best's Rating: Unrated

GREAT WEST CASUALTY CO.
P.O. Box 277
South Sioux City, NE 68776
800-228-8602
Best's Rating: Unrated

HARTFORD INSURANCE GROUP
6800 France Avenue
South Edina, MN 55435
612-893-9505
Best's Rating: "A+"

THE HOME INSURANCE COMPANIES
59 Maiden Lane
New York, NY 10038
212-530-7000
Best's Rating: "A"

INTEGRITY INSURANCE CO.
Mack Centre Drive, 5th Floor
Paramus, NJ 07652
201-262-9330
Best's Rating: "C"

LIBERTY NATIONAL FIRE INSURANCE CO.
SHEFFIELD INSURANCE CO.
P.O. Box 920201
Norcross, GA 30092
404-446-7577
Best's Rating: Unrated

MARYLAND CASUALTY COMPANY & SUBSIDIARIES
P.O. Box 1228
Baltimore, MD 21230
301-366-1000
Maryland Casualty consists of 4 companies:
ASSURANCE COMPANY OF AMERICA
MARYLAND CASUALTY CO.
NORTHERN INSURANCE COMPANY OF NEW YORK
VALIANT INSURANCE CO.
Best's Rating: Unrated

MINNESOTA TRUST CO.
107 Oakland Avenue, Box 463
Austin, MN 55912
507-437-3231
Best's Rating: Unrated

MOTOR VEHICLE CASUALTY
209 North York
Elmhurst, IL 60126
312-832-7700
Best's Rating: "B+"

NATIONAL CASUALTY CO.
Contact: Service Office of Montana
P.O. Box 460
Kalispell, MT 59901
406-755-7107
Best's Rating: "A"

NAUTILUS INSURANCE CO.
Contact: Service Office of Montana
P.O. Box 460
Kalispell, MT 59901
406-755-7107
OR
Contact: Rocky Mountain General Agency
P.O. Box 3006
Great Falls, MT 59403
406-727-2500
Best's Rating: Unrated

NORTHWESTERN NATIONAL INSURANCE CO.
P.O. Box 1731
Helena, MT 59624
800-525-7414
Best's Rating: Unrated

OCCIDENTAL FIRE AND CASUALTY COMPANY OF NORTH CAROLINA
P.O. Box 5946TA
Denver, CO 80217
800-525-7486
Best's Rating: Unrated

PENN-AMERICA INSURANCE CO.
420 South York Road
Hatboro, PA 19040
215-443-3600
Best's Rating: "B+"

PHICO INSURANCE CO.
One PHICO Drive, P.O. Box 85
Mechanicsburg, PA 17055-0085
717-766-1122
Best's Rating: "B+"

PROGRESSIVE CASUALTY INSURANCE CO.
2828 International Circle
Colorado Springs, CO 80910
800-235-2820
Best's Rating: "A+"

PROTECTIVE INSURANCE CO.
3100 North Meridian Street
Indianapolis, IN 46208
317-925-3501
Best's Rating: Unrated

PROTECTION MUTUAL INSURANCE CO.
300 South Northwest Highway
Park Ridge, IL 60068
312-825-4474
Best's Rating: "A+"

RANGER INSURANCE CO.
P.O. Box 2807
Houston, TX 77252-2807
713-622-6500
Best's Rating: Rating is not assigned as the insurer has experienced a significant change whereby its operating experience may be interrupted or subject to change.

ROYAL INSURANCE GROUP
East Highway #12, P.O. Box 2M
Milbank, SD 57253
800-645-2265
Best's Rating: "A"

SAFECO INSURANCE COMPANIES
4909 156th Avenue Northeast
Redmond, WA 98082
206-881-4504
Best's Rating: "A+"

SEABOARD SURETY CO.
90 William Street
New York, NY 10038
212-943-7440
Best's Rating: "A+"

THE SENTRY GROUP
1800 North Point Drive
Stevens Point, WI 54481
715-346-6000
The Sentry Group consists of 3 companies:
SENTRY INSURANCE, A MUTUAL COMPANY
SENTRY INDEMNITY CO.
MIDDLESEX INSURANCE CO.
Best's Rating: "C+"

ST. PAUL FIRE & MARINE INSURANCE CO.
385 Washington Street
St. Paul, MN 55102
406-248-4700
The St. Paul Companies consist of 5 companies:
ST. PAUL MERCURY INSURANCE CO.
ST. PAUL GUARDIAN INSURANCE CO.
ST. PAUL SURPLUS LINES INSURANCE CO.
RAMSEY INSURANCE CO.
ATHENA ASSURANCE CO.
Best's Rating: "A" for all St. Paul Companies

STATE FARM INSURANCE CO.
One State Farm Plaza
Bloomington, IL 61710
309-766-2037
Best's Rating: "A+"

TRAVELERS COMPANIES
One Tower Square
Hartford, CT 06183
203-277-0111
Best's Rating: "A"

TUDOR INSURANCE CO.
48 South Franklin Turnpike
Ramsey, NJ 07446-0504
201-825-3300
Best's Rating: Unrated

ULICO CASUALTY CO.
111 Massachusetts Avenue
N.W. Washington, D.C. 20001
202-682-0900
Best's Rating: Rating is not assigned as the insurer has an insufficient number of years of representative operating experience for rating purposes.

UNITED NATIONAL INSURANCE CO.
1737 Chestnut Street
Philadelphia, PA 19103
215-568-6200
Best's Rating: "B+"

UNITED PACIFIC
33405 8th Avenue South, C-3000
Federal Way, WA 98003
206-952-5000
Best's Rating: Unrated

UNITED STATES FIDELITY AND GUARANTY CO. (U.S.F. & G.)
P.O. Box 6107
Helena, MT 59604
406-442-2270
Best's Rating: "A"

WILSHIRE INSURANCE CO.
P.O. Box 5946TA
Denver, CO 80217
800-525-7486
Best's Rating: Unrated

APPENDIX #14

MONTANA INSURANCE ASSISTANCE PLAN

Participating Political Subdivision Underwriters

October 27, 1986

AMERICAN INTERNATIONAL GROUP (AIG)
70 Pine Street
New York, NY 10270
212-770-6650

AETNA CASUALTY AND SURETY
2201 6th Avenue, Suite 700
Seattle, WA 98121
206-441-2200

CIGNA
1600 Arch Street, 13 H.O.
Philadelphia, PA 19103
215-241-3992

CNA INSURANCE COMPANIES
Suite 808 Park Place Building
Seattle, WA 98101
206-447-5425

GREAT AMERICAN SURPLUS LINES INSURANCE COMPANIES
515 Main Street
Cincinnati, OH 45202
513-369-3000

MARYLAND CASUALTY COMPANY & SUBSIDIARIES
P.O. Box 1228
Baltimore, MD 21203
301-366-1000

NORTHWESTERN NATIONAL INSURANCE COMPANY
P.O. Box 1731
Helena, MT 59624
800-525-7414

ST. PAUL FIRE & MARINE INSURANCE COMPANY
385 Washington Street
St. Paul, MN 55102
406-248-4700

SAFECO INSURANCE COMPANIES
4909 156th Avenue NE
Redmond, WA 98082
206-881-4504

TRAVELERS COMPANIES
One Tower Square
Hartford, CT 06183
203-277-0111

UNITED PACIFIC (limited to rural fire protection districts)
33405 8th Avenue South, C-3000
Federal Way, WA 98003
206-952-5000

U.S.F. & G.
P.O. Box 6107
Helena, MT 59604
406-442-2270

TUDOR INSURANCE COMPANY
48 South Franklin Turnpike
Ramsey, NJ 07446
201-825-3300

APPENDIX #15

MONTANA INSURANCE ASSISTANCE PLAN

Participating Day Care Center Underwriters

October 27, 1986

AETNA CASUALTY AND SURETY
2201 6th Avenue, Suite 700
Seattle, WA 98121
206-441-2200

ALLSTATE
Allstate Plaza
Northbrook, IL 60062
312-291-5942

AMERICAN INTERNATIONAL GROUP (AIG)
70 Pine Street
New York, NY 10270
212-770-6650

CIGNA
1600 Arch Street, 13 H.O.
Philadelphia, PA 19103
215-241-3992

CASUALTY INDEMNITY EXCHANGE
235 East Main Street
Jefferson City, MO 65101
314-634-3531

EMPLOYERS MUTUAL COMPANIES
P.O. Box 712
Des Moines, IA 50303
515-280-2576

EQUITY GENERAL INSURANCE COMPANY
3250 Wilshire Blvd.
Los Angeles, CA 90010
213-487-7270

ESSEX INSURANCE COMPANY
P.O. Box 11046
Richmond, VA 23230
800-289-3870

FIREMAN'S FUND INSURANCE COMPANIES
P.O. Box 11689
Salt Lake City, UT 84147
801-532-2500

FRONTIER INSURANCE COMPANY
196 Broadway
Monticello, NY 12701
914-794-8000

GENERAL AGENTS INSURANCE CO. OF AMERICA, INC.
5701 East Loop, 820 South
Fort Worth, TX 76119
800-433-5624

HARTFORD INSURANCE GROUP
6800 France Avenue
South Edina, MN 55435
612-893-9505

MARYLAND CASUALTY COMPANY & SUBSIDIARIES
P.O. Box 1228
Baltimore, MD 21230
301-366-1000

NATIONAL CASUALTY COMPANY
Contact: Service Office of Montana
P.O. Box 460
Kalispell, MT 59901
406-755-7107

ROYAL INSURANCE GROUP
East Highway #12, P.O. Box 2M
Milbank, SD 57253
800-645-2265

ST. PAUL FIRE & MARINE INSURANCE COMPANY
385 Washington Street
St. Paul, MN 55102
406-248-4700

SAFECO INSURANCE COMPANIES
4909 156th NE
Redmond, WA 98082
206-881-4504

STATE FARM INSURANCE COMPANIES (operated by churches)
One State Farm Plaza
Bloomington, IL 61710
309-766-2037

TRAVELERS COMPANIES
One Tower Square
Hartford, CT 06183
203-277-0111

UNITED PACIFIC
33405 8th Avenue South, C-3000
Federal Way, WA 98003
206-952-5000

APPENDIX #16

MONTANA INSURANCE ASSISTANCE PLAN

Participating Day Care Home Underwriters

October 27, 1986

AETNA CASUALTY AND SURETY
2201 6th Avenue, Suite 700
Seattle, WA 98121
206-441-2200

ALLSTATE
Allstate Plaza
Northbrook, IL 60062
312-291-5942

AUSTIN MUTUAL INSURANCE CO. (Only in connection with Homeowners Policy)
84 South 6th Street
Minneapolis, MN 55402
612-333-2211

ESSEX INSURANCE CO.
P.O. Box 11046
Richmond, VA 23230
804-289-3870

GRANGE INSURANCE ASSOCIATION (Must be members of the Fraternal Grange)
200 Cedar Street
Seattle, WA 98121
206-448-4911

HARTFORD INSURANCE GROUP
6800 France Avenue
South Edina, MN 55435
612-893-9505

NATIONAL CASUALTY COMPANY
Contact: Service Office of Montana
P.O. Box 460
Kalispell, MT 59901
406-755-7107

SAFECO INSURANCE COMPANIES
4909 156th Avenue NE
Redmond, WA 98082
206-881-4504

STATE FARM INSURANCE CO.
One State Farm Plaza
Bloomington, IL 61710
309-766-2037

TRAVELERS COMPANIES
One Tower Square
Hartford, CT 06183
203-277-0111

UNITED PACIFIC
33405 8th Avenue South, C-3000
Federal Way, WA 98003
206-952-5000

APPENDIX #17

MONTANA INSURANCE ASSISTANCE PLAN

Participating Liquor Liability Underwriters

October 27, 1986

AETNA CASUALTY AND SURETY
2201 6th Avenue, Suite 700
Seattle, WA 98121
206-441-2200

ALLSTATE
Allstate Plaza
Northbrook, IL 60062
312-291-5942

AMERICAN STATES INSURANCE CO. (limited to wholesalers, package liquor stores, and restaurants with less than 25% of annual sales from liquor)
500 North Meridian Street
Indianapolis, IN 46204
317-262-6262

CASUALTY INDEMNITY EXCHANGE
235 East Main Street
Jefferson City, MO 65101
314-634-3531

FIREMAN'S FUND INSURANCE COMPANIES
P.O. Box 11689
Salt Lake City, UT 84147
801-532-2500

HARTFORD INSURANCE GROUP
6800 France Avenue
South Edina, MN 55435
612-893-9505

THE HOME INSURANCE COMPANIES (when written as part of a package)
59 Maiden Lane
New York, NY 10038
212-530-7000

MARYLAND CASUALTY CO. & SUBSIDIARIES
P.O. Box 1228
Baltimore, MD 21230
301-366-1000

ROYAL INSURANCE GROUP
East Highway #12, P.O. Box 2M
Milbank, SD 57253
800-645-2265

ST. PAUL FIRE & MARINE INSURANCE CO. (excluding high-risk operators)
385 Washington Street
St. Paul, MN 55102
406-248-4700

SAFECO INSURANCE COMPANIES (as part of a package only)
4909 156th Avenue NE
Redmond, WA 98082
206-881-4504

UNITED NATIONAL INSURANCE COMPANY
1737 Chestnut Street
Philadelphia, PA 19103
215-568-6200

UNITED PACIFIC (only for restaurants where 60% of annual income is from food sales)
33405 8th Avenue South, C-3000
Federal Way, WA 98003
206-952-5000

U.S.F. & G.
P.O. Box 6107
Helena, MT 59604
406-442-2270

APPENDIX #18

MONTANA INSURANCE ASSISTANCE PLAN

Participating Directors & Officers Underwriters

October 27, 1986

EMPLOYERS MUTUAL COMPANIES
P.O. Box 712
Des Moines, IA 50303
515-280-2511

EQUITY GENERAL INSURANCE CO.
3250 Wilshire Blvd.
Los Angeles, CA 90010
213-487-7270

THE HOME INSURANCE COMPANIES
59 Maiden Lane
New York, NY 10038
212-530-7000

TUDOR INSURANCE COMPANY
48 South Franklin Turnpike
Ramsey, NJ 07446
201-825-3300

INTEGRITY INSURANCE COMPANY (Non-profit health care related organizations)
Mack Centre Drive, 5th Floor
Paramus, NJ 07652
201-262-9330

LIBERTY NATIONAL FIRE INSURANCE CO./SHEFFIELD CO.
P.O. Box 920201
Norcross, GA 30092
404-446-7577

SEABOARD SURETY CO. (Non-profit organizations only)
90 William Street
New York, NY 10038
212-943-7440

CUMIS INSURANCE SOCIETY, INC.
P.O. Box 1084
Madison, WI 53701
608-238-5851

APPENDIX #19

MONTANA INSURANCE ASSISTANCE PLAN

Participating Commercial Auto Underwriters

October 27, 1986

AMERICAN STATES INSURANCE COMPANY (subject to company underwriting standards and under a 200 mile radius)
500 North Meridian Street
Indianapolis, IN 46204
317-262-6262

CIGNA
1600 Arch Street, 13 H.O.
Philadelphia, PA 19103
215-241-3992

GENERAL AGENTS INSURANCE COMPANY OF AMERICA, INC.
5701 East Loop, 820 South
Fort Worth, TX 76119
800-433-5624

HARTFORD INSURANCE GROUP
6800 France Avenue
South Edina, MN 55435
612-893-9505

NORTHWESTERN NATIONAL INSURANCE CO.
P.O. Box 1731
Helena, MT 59624
800-525-7414

ROYAL INSURANCE GROUP
East Highway #12, P.O. Box 2M
Milbank, SD 57253
800-645-2265

ST. PAUL FIRE & MARINE INSURANCE CO. (Non-truckers)
385 Washington Street
St. Paul, MN 55102
406-248-4700

TRAVELERS CO.
One Tower Square
Hartford, CT 06183
203-277-0111

UNITED PACIFIC
33405 8th Avenue South, C-3000
Federal Way, WA 98003
206-952-5000

CLARENDON NATIONAL INSURANCE CO.
600 Madison Avenue, Suite 1600
New York, NY 10022
212-836-9700

EMPIRE FIRE & MARINE INSURANCE CO.
1624 Douglas Street
Omaha, NE 68102
402-341-0135

FARMERS ALLIANCE MUTUAL INSURANCE CO.
1122 North Main
McPherson, KS 67460
800-835-2005

FEDERATED SERVICE INSURANCE CO.
129 East Broadway
Owatonna, MN 55060
507-455-5200

GREAT WEST CASUALTY CO. (Only for For-Hire Motor Carrier)
P.O. Box 277
South Sioux City, NE 68776
800-228-8602

OCCIDENTAL FIRE & CASUALTY OF NORTH CAROLINA (Non-hazardous hauling exposures only)
P.O. Box 5946TA
Denver, CO 80217
800-525-7486

WILSHIRE INSURANCE CO. (Non-hazardous hauling exposures only)
P.O. Box 5946TA
Denver, CO 80217
800-525-7486

CUMIS INSURANCE SOCIETY, INC.
P.O. Box 1084
Madison, WI 53701
608-238-5851

MOTOR VEHICLE CASUALTY
209 North York
Elmhurst, IL 60126
312-832-7700

PROGRESSIVE CASUALTY INSURANCE CO.
2828 International Circle
Colorado Springs, CO 80910
800-235-2820

PROTECTIVE INSURANCE CO.
3100 North Meridian Street
Indianapolis, IN 46208
317-925-3501

THE SENTRY GROUP
1800 North Point Drive
Stevens Point, WI 54481
715-346-6000

APPENDIX #20

MONTANA INSURANCE ASSISTANCE PLAN

Participating Oil and Gas Underwriters

October 28, 1986

EMPLOYERS MUTUAL COMPANY
P.O. Box 712
Des Moines, IA 50303
515-280-2576

ESSEX INSURANCE CO.
P.O. Box 11046
Richmond, VA 23230
804-289-3870

ADMIRAL INSURANCE CO.
1255 Caldwell Road, P.O. Box 5725
Cherry Hill, NJ 08034-3220
609-429-9200

APPENDIX #21

MONTANA INSURANCE ASSISTANCE PLAN

Participating Recreation Coverage Underwriters

October 28, 1986

AETNA CASUALTY AND SURETY (Only Outfitters and Licensed Guides)
2201 6th Avenue, Suite 700
Seattle, WA 98121
206-441-2200

EMPLOYERS MUTUAL CO.
P.O. Box 712
Des Moines, IA 50303
515-280-2576

ESSEX INSURANCE CO.
P.O. Box 11046
Richmond, VA 23230
804-289-3870

GREAT AMERICAN SURPLUS LINES INSURANCE CO.
515 Main Street
Cincinnati, OH 45202
513-369-3000

ST. PAUL SURPLUS LINES INSURANCE CO. (Minimum Premium $25,000)
445 Minnesota Street, Suite 900
St. Paul, MN 55101
406-248-4700

U.S.F. & G. (excluding rafting risks)
P.O. Box 6107
Helena, MT 59604
406-442-2270

APPENDIX #22

MONTANA INSURANCE ASSISTANCE PLAN

Participating Product Liability Underwriters

October 28, 1986

AETNA CASUALTY AND SURETY
2201 6th Avenue, Suite 700
Seattle, WA 98121
206-441-2200

ESSEX INSURANCE CO.
P.O. Box 11046
Richmond, VA 23230
804-289-3870

FIREMAN'S FUND INSURANCE COMPANIES
P.O. Box 11689
Salt Lake City, UT 84147
801-532-2500

GREAT AMERICAN SURPLUS LINES INSURANCE CO.
515 Main Street
Cincinnati, OH 45202
513-369-3000

HARTFORD INSURANCE GROUP
6800 France Avenue
South Edina, MN 55435
612-893-9505

THE HOME INSURANCE COMPANIES (when written as part of a package)
59 Maiden Lane
New York, NY 10038
212-530-7000

ST. PAUL FIRE AND MARINE INSURANCE CO.
385 Washington Street
St. Paul, MN 55102
406-248-4700

TRAVELERS COMPANIES
One Tower Square
Hartford, CT 06183
203-277-0111

UNITED NATIONAL INSURANCE CO.
1737 Chestnut Street
Philadelphia, PA 19103
215-568-6200

UNITED PACIFIC
33405 8th Avenue South, C-3000
Federal Way, WA 98003
206-952-5000

U.S.F. & G.
P.O. Box 6107
Helena, MT 59604
406-442-2270

ADMIRAL INSURANCE CO. (Minimum premium of $10,000)
1255 Caldwell Road, P.O. Box 5725
Cherry Hill, NJ 08034-3220
609-429-9200

COLONY INSURANCE CO.
1000 Virginia Center Parkway
Richmond, VA 23295
804-288-7936

FEDERATED SERVICE INSURANCE CO. (as part of a complete property and casualty insurance program)
129 East Broadway
Owatonna, MN 55060
507-455-5200

INTEGRITY INSURANCE CO. (Maximum limit of $300,000)
Mack Centre Drive, 5th Floor
Paramus, NJ 07652
201-262-9330

APPENDIX #23

MONTANA INSURANCE ASSISTANCE PROGRAM

Participating Companies Underwriting "OTHER" Lines

October 28, 1986

EMPLOYERS MUTUAL COMPANIES
P.O. Box 712
Des Moines, IA 50303
515-280-2576
OTHER Lines: Surcharged property, Liability, and Inland Marine

EQUITY GENERAL INSURANCE CO.
3250 Wilshire Blvd.
Los Angeles, CA 90010
213-487-7270
OTHER Lines: Professional Liability for Abstractors, Title Firms, Adjusting Firms, Accounting Firms, Escrow Agents, Insurance Agents/Brokers, Life Underwriters, Real Estate Agents/Brokers, Tax Preparers.

GENERAL AGENTS INSURANCE COMPANY OF AMERICA, INC.
5701 East Loop, 820 South
Fort Worth, TX 76119
800-433-5624
OTHER Lines: Small Contractors

GREAT AMERICAN SURPLUS LINES INSURANCE CO.
515 Main Street
Cincinnati, OH 45202
513-369-4204
OTHER Lines: Asbestos Abatement Contractors

FEDERATED RURAL ELECTRIC INSURANCE CORP.
P.O. Box 15147
Shawnee Mission, KS 66215
913-541-0150
OTHER Lines: Rural Electric and Telephone Co-ops.

INDEPENDENT FIRE INSURANCE CO.
One Independent Drive
Jacksonville, FL 32276
OTHER Lines: Premises Liability-Habitational and Mercantile Risks

YUKON INDEMNITY CO.
1122 North Main
McPherson, KS 67460
800-835-2005
OTHER Lines: Crop Hail

FEDERATED SERVICE INSURANCE CO.
129 East Broadway
Owatonna, MN 55060
507-455-5200
OTHER Lines: Petroleum Products Distributors-Bulk Plants, Service Stations, Machine Shops (job shops, tool & die), Hardware stores, Farm equipment dealers)

FOREMOST INSURANCE CO.
P.O. Box 3333
Grand Rapids, MI 49501
616-942-3000
OTHER Lines: Campgrounds, Mobile Home Dealers, Mobile Home Parks, Recreational Vehicle Dealers

RANGER INSURANCE CO.
P.O. Box 2807
Houston, TX 77252-2807
713-622-6500
OTHER Lines: Retail/Wholesale LP Gas and Gasoline Dealers, Natural Gas Utilities, Grain Risks

ULICO CASUALTY CO.
111 Massachusetts Avenue
N.W. Washington, D.C. 20001
202-682-0900
OTHER Lines: On line Fiduciary Liability

APPENDIX #24

MONTANA INSURANCE ASSISTANCE PLAN

Participant/Waiver Request Report

November 19, 1986

This report is a compilation of those companies who have agreed to participate in the Montana Insurance Assistance Plan; requested a waiver of participation either before or after the Letter of Reconsideration or a combination of both; as well as those companies who have not replied to the program as of this date. The following is a synopsis of participation as it applies to the Montana Insurance Assistance Plan.

Total P & C Companies Sent Letters	550	100.00%
Total Participants	83	15.09%
Total Waivers Requested	246	44.73%
Total No Reply	221	40.18%

DEFINITIONS:

PARTICIPATE - The MIAP has received a letter from the company indicating that they are willing to actively participate in and support this Plan.

WAIVER - The MIAP has received a letter from the company indicating that they wish to decline participation in this plan for specifically stated reasons as required by House Bill 16.

WAIVER-Before - The company had requested a waiver of participation "Before" the Letter of Reconsideration had been sent from the MIAP office.

WAIVER-After - The company has requested a waiver of participation "After" the Letter of Reconsideration had been sent to and received by the company.

WAIVER-B & A - The company has requested a waiver of participation both "Before" and "After" the Letter of Reconsideration had been sent to and received by the company.

A BLANK SPACE - This indicates that the MIAP office has received no correspondence from the company regarding their position to either participate or request a waiver of participation in the MIAP.

COMPANY NAME	REPLY REQUEST
ABEILLE-PAIX GENERAL INSURANCE CO.	
ACCELERATION NATIONAL INSURANCE CO.	WAIVER-Before
ADMIRAL INS. CO.	PARTICIPATE
AETNA CASUALTY AND SURETY CO. (CIGNA)	PARTICIPATE
AETNA FIRE UNDERWRITERS INSURANCE CO. (CIGNA)	PARTICIPATE
AFFILIATED F M INSURANCE CO.	WAIVER-Before
AGRICULTURAL INSURANCE CO.(GREAT AMERICAN GRP)	PARTICIPATE
AID INSURANCE CO.	WAIVER-Before
AIU INSURANCE CO.	PARTICIPATE
ALASKA NATIONAL INSURANCE CO.	WAIVER-Before
ALASKA PACIFIC ASSURANCE CO. (CIGNA)	PARTICIPATE
ALBANY INSURANCE CO.	WAIVER-After
ALEXANDER HAMILTON INSURANCE CO.	
ALL NATION INSURANCE CO.	WAIVER-Before
ALL WEST INSURANCE CO.	
ALLENDALE MUTUAL INSURANCE CO.	WAIVER-Before
ALLIANCE INSURANCE CO. (FARMERS ALLIANCE)	PARTICIPATE
ALLIANZ INSURANCE CO.	WAIVER-Before
ALLIED FIDELITY INSURANCE CO.	WAIVER-After
ALLIED GROUP INS.	WAIVER-After
ALLSTATE INDEMNITY CO.	PARTICIPATE
ALLSTATE INSURANCE CO.	PARTICIPATE
AMBAC INDEMNITY CORP.	
AMERICAN AND FOREIGN INSURANCE CO.	
AMERICAN ALLIANCE INSURANCE CO. (GRT AMRICA GRP)	PARTICIPATE
AMERICAN AMBASSADOR CASUALTY CO.	WAIVER-Before

AMERICAN AUTOMOBILE INSURANCE CO.	
AMERICAN AUTOMOBILE INS CO. OF ILLINOIS	
AMERICAN BANKERS INSURANCE CO.	WAIVER-Before
AMERICAN BONDING CO.	WAIVER-Before
AMERICAN BUSINESS & MERCANTILE INSURANCE	
AMERICAN CASUALTY CO. OF READING (CNA)	PARTICIPATE
AMERICAN CENTENNIAL INSURANCE CO.	
AMERICAN CENTRAL INSURANCE CO.	
AMERICAN CONTINENTAL INSURANCE CO.	WAIVER-B & A
AMERICAN CREDIT INDEMNITY CO.	WAIVER-Before
AMERICAN DRUGGISTS INSURANCE CO.	WAIVER-Before
AMERICAN ECONOMY INSURANCE CO.	
AMERICAN EMPIRE INSURANCE CO.(GT AM SURPLUS LNS)	PARTICIPATE
AMERICAN EMPLOYERS INSURANCE CO.	
AMERICAN-EUROPEAN REINSURANCE CORP.	WAIVER-Before
AMERICAN EXCEL INSURANCE CO.	WAIVER-B & A
AMERICAN FAMILY HOME INSURANCE CO.	
AMERICAN FIDELITY FIRE INSURANCE CO.	
AMERICAN FIDELITY INSURANCE CO.	WAIVER-Before
AMERICAN GUARANTEE & LIABILITY	
AMERICAN HAIL INSURANCE CO.	WAIVER-Before
AMERICAN HARDWARE MUTUAL	WAIVER-Before
AMERICAN HOME ASSURANCE CO. (AIG)	PARTICIPATE
AMERICAN INDEMNITY CO.	WAIVER-Before
AMERICAN INDEPENDENT REINSURANCE CO.	WAIVER-Before
AMERICAN INSURANCE CO.	
AMERICAN INTEGRITY INSURANCE CO.	WAIVER-Before

AMERICAN LIVESTOCK INSURANCE CO.	WAIVER-B & A
AMERICAN MANUFACTURERS MUTUAL INSURANCE CO.	
AMERICAN MODERN HOME INSURANCE CO.	
AMERICAN MOTORISTS INSURANCE CO.	
AMERICAN MUTUAL INSURANCE CO. OF BOSTON	
AMERICAN MUTUAL LIABILITY	
AMERICAN NATIONAL FIRE INSURANCE CO.(GT AM GRP)	PARTICIPATE
AMERICAN NATIONAL PROPERTY & CASUALTY	WAIVER-Before
AMERICAN POLICYHOLDERS INSURANCE CO.	
AMERICAN PREFERRED INSURANCE CO.	
AMERICAN PROTECTION INSURANCE CO.	
AMERICAN REINSURANCE CO.	WAIVER-B & A
AMERICAN RELIABLE INSURANCE CO.	
AMERICAN ROAD INSURANCE CO.	WAIVER-Before
AMERICAN SECURITY INSURANCE CO.	WAIVER-Before
AMERICAN STATES INSURANCE CO.	PARTICIPATE
AMERICAN TITLE INSURANCE CO.	WAIVER-Before
AMERICAN UNION INSURANCE CO.	
AMERICAN UNIVERSAL INSURANCE CO.	WAIVER-Before
AMERICAN ZURICH INSURANCE CO.	
AMERISURE COMPANIES	WAIVER-Before
AMICA MUTUAL INSURANCE CO.	WAIVER-Before
AMWEST SURETY INSURANCE CO.	
ANVIL INSURANCE CO.	
APPALACHIAN INSURANCE CO.	WAIVER-Before
ARGONAUT INSURANCE CO.	WAIVER-Before
ARKWRIGHT-BOSTON MANUFACTURERS MUTUAL INS CO.	WAIVER-Before
ARMED FORCES INSURANCE EXCHANGE	WAIVER-Before

ASSOCIATED INDEMNITY CORP.	
ASSOCIATES INSURANCE GROUP	WAIVER-Before
ASSOCIATED INTERNATIONAL INS. CO.	WAIVER-Before
ASSURANCE COMPANY OF AMERICA (MARYLAND CASUALTY)	PARTICIPATE
ATHENA ASSURANCE CO. (ST. PAUL GROUP)	PARTICIPATE
ATLANTA INTERNATIONAL INSURANCE CO.	WAIVER-After
ATLANTIC INSURANCE CO.	WAIVER-Before
ATLANTIC MUTUAL INSURANCE CO.	
ATLAS ASSURANCE CO. OF AMERICA	
AUSTIN MUTUAL INSURANCE CO.	PARTICIPATE
AUTOMOBILE CLUB INSURANCE CO.	WAIVER-Before
AUTOMOBILE INSURANCE CO.	
AUTOMOTIVE INSURANCE CO.	
AVEMCO INSURANCE CO.	
BALBOA INSURANCE CO.	WAIVER-Before
BANKERS & SHIPPERS INSURANCE	WAIVER-Before
BANKERS MULTIPLE LINE INSURANCE CO.	WAIVER-Before
BANKERS STANDARD FIRE & MARINE CO. (CIGNA)	PARTICIPATE
BCS INSURANCE CO.	WAIVER-B & A
BELGIAN GENERAL INSURANCE CO.	
BELVEDERE INSURANCE CO. LTD.	WAIVER-Before
BIRMINGHAM FIRE INSURANCE CO.	
BITUMINOUS CASUALTY CORP.	WAIVER-Before
BLUE RIDGE INSURANCE CO.	
BOND INVESTORS GUARANTY INSURANCE CO.	WAIVER-Before
BOSTON OLD COLONY INSURANCE CO.	
CALVERT INSURANCE CO.	

CAMDEN FIRE INSURANCE ASSOCIATION	
CANADIAN INDEMNITY CO.	WAIVER-Before
CANAL INSURANCE CO.	
CANNERS EXCHANGE SUBSCRIBERS @ WARNER	
CAPITOL INDEMNITY CORP.	WAIVER-After
CAROLINA CASUALTY INSURANCE CO.	
CARRIERS INSURANCE CO.	
CASUALTY INDEMNITY EXCHANGE	PARTICIPATE
CELINA MUTUAL INSURANCE CO.	WAIVER-Before
CENTAUR INSURANCE CO.	
CENTENNIAL INSURANCE CO.	
CENTRAL MUTUAL INSURANCE CO.	
CENTRAL NATIONAL INSURANCE CO.	WAIVER-After
CENTRAL STATES INDEMNITY CO. OF OMAHA	WAIVER-Before
CENTURY INDEMNITY CO. (CIGNA)	PARTICIPATE
CHARTER OAK FIRE INSURANCE CO.	
CHEROKEE INSURANCE CO.	WAIVER-After
CHICAGO INSURANCE CO.	
CHICAGO TITLE INSURANCE CO.	WAIVER-Before
CHRYSLER INSURANCE CO.	WAIVER-Before
CHUBB GROUP OF INS. COMPANIES	WAIVER-Before
CHURCH MUTUAL INSURANCE CO.	
CIGNA INSURANCE COMPANIES	PARTICIPATE
CIM INSURANCE CORP.	WAIVER-Before
CIMARRON INSURANCE CO. INC.	
CINCINNATI INSURANCE CO.	WAIVER-Before
CITY INSURANCE CO.	
CLARENDON NATIONAL INSURANCE CO.	PARTICIPATE

CLASSIC INSURANCE CO.	
CNA INSURANCE COMPANIES	PARTICIPATE
COASTAL OFFSHORE INSURANCE LTD.	WAIVER-Before
COLONIA INSURANCE CO.	
COLONIAL INSURANCE CO. OF CALIFORNIA	WAIVER-Before
COLONIAL PENN FRNKLIN INSURANCE CO.	WAIVER-B & A
COLONY INSURANCE CO.	PARTICIPATE
COLUMBIA INSURANCE CO.	
COMMERCE & INDUSTRY INSURANCE CO.	
COMMERCIAL INSURANCE CO. OF NEWARK NJ	
COMMERCIAL LOAN INSURANCE CORP.	WAIVER-B & A
COMMERCIAL MORTGAGE INSURANCE INC.	
COMMERCIAL STANDARD INSURANCE CO.	
COMMERCIAL UNION INSURANCE CO.	WAIVER-B & A
COMMONWEALTH LAND TITLE INS. CO.	
COMPASS INSURANCE CO.	WAIVER-B & A
CONCORDE GROUP	WAIVER-After
CONNECTICUT GENERAL FIRE & CASUALTY INS. CO.	WAIVER-After
CONNECTICUT INDEMNITY CO.	
CONSOLIDATED AMERICAN INSURANCE CO.	
CONSUMERS INDEMNITY CO.	WAIVER-Before
CONTINENTAL CASUALTY CO. (CNA)	PARTICIPATE
CONTINENTAL INSURANCE CO.	
CONTINENTAL SURETY	WAIVER-Before
CONTINENTAL WESTERN INSURANCE CO.	WAIVER-Before
CONTRACTORS BONDING & INSURANCE CO.	WAIVER-Before
COPENHAGEN REINSURANCE CO.	WAIVER-B & A

COUNTRYWIDE INSURANCE CO.	
CREDIT GENERAL INSURANCE CO.	WAIVER-Before
CRITERION CASUALTY CO.	WAIVER-B & A
CROWN AMERICA	WAIVER-After
CUMIS INSURANCE CO.	PARTICIPATE
DAIRYLAND INSURANCE CO.	
DAKOTA FIRE INSURANCE CO.	
DEPENDABLE INSURANCE CO.	WAIVER-Before
DEPOSITORS INSURANCE CO.	
DIXIE INSURANCE CO.	WAIVER-B & A
DOCTORS CO AN INTERINS EXCHANGE	WAIVER-Before
EAGLE STAR INSURANCE CO. OF AMERICA	
EASTERN INDEMNITY CO. OF MARYLAND	WAIVER-Before
EBI INSURANCE CO.	
ECONOMY FIRE & CASUALTY CO.	
ELECTRIC INSURANCE CO.	WAIVER-Before
ELITE INSURANCE CO.	
EMCASCO INSURANCE CO.	WAIVER-B & A
EMMCO INSURANCE CO.	
EMPIRE CASUALTY CO.	WAIVER-Before
EMPIRE FIRE & MARINE INSURANCE CO.	PARTICIPATE
EMPLOYERS CASUALTY CO. (EMPLOYERS MUTUAL)	PARTICIPATE
EMPLOYERS FIRE INSURANCE CO.	
EMPLOYERS INSURANCE OF WAUSAU	
EMPLOYERS MUTUAL CASUALTY CO.	
EMPLOYERS REINSURANCE CORP.	WAIVER-Before
ENGLISH & AMERICAN INSURANCE GROUP	WAIVER-Before
ENTERPRISE INSURANCE CO.	

EQUITABLE CASUALTY INSURANCE CO.	WAIVER-Before
EQUITY GENERAL INS. CO.	PARTICIPATE
ESSEX INS. CO.	PARTICIPATE
EXCESS INS. CO. LTD.	WAIVER-After
FAIRMONT INSURANCE CO.	WAIVER-B & A
FARMERS ALLIANCE MUTUAL INS. CO.	PARTICIPATE
FARMERS INSURANCE EXCHANGE	
FARMERS UNION MUTUAL INSURANCE CO.	WAIVER-Before
FARMINGTON CASUALTY CO.	
FARMLAND MUTUAL INS. CO.	
FEDERAL INSURANCE CO.	
FEDERAL KEMPER INSURANCE CO.	WAIVER-Before
FEDERATED MUTUAL INSURANCE CO.	WAIVER-Before
FEDERATED RURAL ELECTRIC INS. CORP.	WAIVER-Before
FEDERATED SERVICE INSURANCE CO.	PARTICIPATE
FIDELITY & CASUALTY CO.	
FIDELITY & DEPOSIT CO. OF MARYLAND	PARTICIPATE
FIDELITY & GUARANTY INS. CO.	
FIDELITY NATIONAL TITLE INSURANCE CO.	
FINANCIAL BENEFITS INS. CO.	WAIVER-After
FINANCIAL GUARANTY INS. CO.	
FINANCIAL INDEMNITY CO.	WAIVER-Before
FIRE & CASUALTY INS. CO. OF CT.	
FIRE INSURANCE EXCHANGE	
FIREMANS FUND INSURANCE CO.	PARTICIPATE
FIREMENS INSURANCE CO.	
FIRST AMERICAN TITLE INS. CO.	

FIRST AMERICAN TITLE INS. CO OF MID-AMERICA	
FIRST EXCESS & REINSURANCE CORP.	WAIVER-After
FIRST FINANCIAL INSURANCE CO.	
FIRST GENERAL INSURANCE CO.	WAIVER-Before
FIRST HORIZON INSURANCE CO.	WAIVER-B & A
FIRST MONTANA TITLE INS. CO.	
FIRST NATIONAL INSURANCE CO.	
FIRST STATE INS. CO.	WAIVER-Before
FIRST SOUTHERN INSURANCE CO.	
FLORIDA INTERNATIONAL INDEMNITY CO.	
FOLKSAMERICA REINSURANCE CO.	WAIVER-After
FOREMOST INSURANCE COMPANIES	PARTICIPATE
FORUM INSURANCE CO.	
FREMONT INDEMNITY CO.	WAIVER-Before
FRONTIER INSURANCE CO.	PARTICIPATE
GAINSCO COMPANIES	WAIVER-After
GEICO GENERAL INSURANCE CO.	WAIVER-B & A
GENERAL ACCIDENT INS. CO. OF AMERICA	PARTICIPATE
GENERAL ELECTRIC GUARANTY INS. CORP.	WAIVER-Before
GENERALI	WAIVER-Before
GENERAL INSURANCE CO. OF AMERICA	
GENERAL INS. CO. OF TRIESTE & VENICE	
GENERAL REINSURANCE CORP.	WAIVER-Before
GERLING AMERICA INSURANCE CO.	WAIVER-B & A
GIBRALTAR CASUALTY CO.	WAIVER-Before
GLACIER GENERAL ASSURANCE CO.	
GLENS FALLS INSURANCE CO.	
GLOBAL SURETY & INSURANCE CO.	

GLOBE INDEMNITY CO.	
GRANGE INSURANCE ASSOCIATION	PARTICIPATE
GRANITE STATE INSURANCE CO.	
GREAT AMERICAN INSURANCE CO./GROUP	PARTICIPATE
GREAT AMERICAN SURPLUS LINES (AMERICAN EMPIRE)	PARTICIPATE
GREAT ATLANTIC INSURANCE CO.	WAIVER-Before
GREAT GLOBAL ASSURANCE CO.	
GREAT LAKES REINSURANCE CO.	
GREAT NORTHERN INSURANCE CO.	
GREAT WEST CASUALTY CO.	PARTICIPATE
GREATER NEW YORK MUTUAL INSURANCE	WAIVER-Before
GUARANTEE INSURANCE CO.	
GUARANTY NATIONAL INSURANCE CO.	WAIVER-Before
GULF INSURANCE CO.	WAIVER-Before
HANOVER INSURANCE CO.	
HANSECO INSURANCE CO.	
HARBOR INSURANCE CO.	
HARCO NATIONAL INSURANCE CO.	WAIVER-Before
HARTFORD INSURANCE GROUP	PARTICIPATE
HARTFORD STEAM BOILER INSPECTION	WAIVER-Before
HAWKEYE SECURITY INSURANCE CO.	WAIVER-Before
HERITAGE INDEMNITY CO.	WAIVER-After
HIGHLANDS INSURANCE CO.	WAIVER-Before
HOME & AUTOMOBILE INSURANCE CO.	WAIVER-Before
HOME INDEMNITY & INSURANCE CO.	PARTICIPATE
HORACE MANN INSURANCE CO.	WAIVER-Before
HOUSTON GENERAL INSURANCE CO.	

IGF INSURANCE CO.	
ILLINOIS NATIONAL INSURANCE CO.	
IMPERIAL CASUALTY & INDEMNITY CO.	WAIVER-Before
IMPLEMENT DEALERS MUTUAL INS. CO.	
INA REINSURANCE CO.	WAIVER-Before
INDEMNITY INSURANCE CO. OF N. AMERICA (CIGNA)	PARTICIPATE
INDIANA LUMBERMENS MUTUAL INS. CO.	
INDUSTRIAL FIRE & CASUALTY INS.	
INDUSTRIAL INDEMNITY CO.	WAIVER-B & A
INDUSTRIAL INDEMNITY CO. OF NORTHWEST	
INDUSTRIAL UNDERWRITERS INS. CO.	
INLAND INSURANCE CO.	WAIVER-Before
INSURANCE COMPANY OF EVANSTON	
INSURANCE CO. OF MARYLAND	WAIVER-Before
INSURANCE CO. OF NORTH AMERICA (CIGNA)	PARTICIPATE
INSURANCE CO. OF THE PRAIRIE STATES	WAIVER-After
INSURANCE CO. OF THE STATE OF PENNSYLVANIA	
INSURANCE CORP. OF AMERICA	WAIVER-Before
INSURANCE CORP. OF HANNOVER	WAIVER-Before
INSURED TITLES INC.	
INTEGRAL INSURANCE CO.	WAIVER-Before
INTEGRITY INSURANCE CO.	PARTICIPATE
INTERCONTINENTAL INSURANCE CO.	WAIVER-Before
INTERMOUNTAIN INSURANCE CO.	
INTERNATIONAL BUSINESS & MERCANTILE	
INTERNATIONAL FIDELITY INSURANCE CO.	
INTERNATIONAL INDEMNITY CO.	
INTERNATIONAL INSURANCE CO.	

INTERNATIONAL SERVICE INSURANCE CO.	WAIVER-Before
INTERSTATE INDEMNITY CO.	WAIVER-After
INVESTORS MORTGAGE INS. CO.	
IOWA KEMPER INS. CO.	
IOWA MUTUAL INSURANCE CO.	WAIVER-After
IOWA NATIONAL MUTUAL INS. CO.	
ITT LYNDON PROPERTY INSURANCE CO.	WAIVER-Before
JC PENNEY CASUALTY INSURANCE CO.	WAIVER-Before
JEFFERSON INSURANCE CO. OF NY	WAIVER-Before
JEWELERS MUTUAL INSURANCE CO.	WAIVER-Before
JOHN ALDEN INSURANCE CO.	WAIVER-Before
JOHN DEERE INSURANCE CO.	
JOHN HANCOCK INDEMNITY CO.	WAIVER-B & A
JOHN HANCOCK PROPERTY & CASUALTY INS. CO.	WAIVER-B & A
KANSAS CITY FIRE & MARINE	
KEMPER GROUP	WAIVER-B & A
KENTUCKY CENTRAL INSURANCE CO.	WAIVER-Before
LANCER INSURANCE CO.	WAIVER-Before
LAWYERS TITLE INSURANCE CORP.	WAIVER-Before
LEADER NATIONAL INSURANCE CO.	
LEGION INSURANCE CO.	WAIVER-Before
LIBERTY INSURANCE CORP.	
LIBERTY NATIONAL FIRE INSURANCE CO.	PARTICIPATE
LINCOLN NATIONAL HEALTH & CASUALTY	WAIVER-Before
LONDON ASSURANCE CO.	
LONDON GUARANTEE & ACCIDENT CO. OF NY	
LUMBERMENS MUTUAL CASUALTY CO.	

LUMBERMENS UNDERWRITING ALLIANCE	WAIVER-Before
MARYLAND CASUALTY CO.	PARTICIPATE
MASSACHUSETTS PLATE GLASS INS. CO.	WAIVER-Before
MEAD REINSURANCE CORP.	WAIVER-Before
MEDICAL INS. EXCHANGE OF CALIF.	
MERITPLAN INSURANCE CO.	
METROPOLITAN PROPERTY & LIABILITY INS. CO.	WAIVER-Before
MIC GENERAL INSURANCE CORP.	WAIVER-Before
MICHIGAN MUTUAL INSURANCE CO.	
MID-CENTURY INSURANCE CO.	
MID CONTINENT CASUALTY CO.	WAIVER-Before
MIDDLESEX INSURANCE CO.(SENTRY GROUP)	PARTICIPATE
MIDWEST MUTUAL INSURANCE CO.	WAIVER-Before
MILBANK INSURANCE CO.	WAIVER-Before
MILLERS CASUALTY INSURANCE CO. OF TEXAS	WAIVER-Before
MILLERS MUTUAL INS. ASSOCIATION OF IL	WAIVER-After
MILLERS NATIONAL INSURANCE CO.	
MINNEHOMA INSURANCE CO.	WAIVER-Before
MINNESOTA TRUST COMPANY	PARTICIPATE
MINSTER INS. CO. LTD.	WAIVER-After
MISSION AMERICA INSURANCE CO.	
MODERN SERVICE INSURANCE CO.	
MONARCH INSURANCE CO. OF OHIO	
MONTGOMERY WARD INSURANCE CO.	WAIVER-B & A
MORTGAGE GUARANTY INSURANCE CORP.	WAIVER-B & A
MOTOR CLUB OF AMERICA INS. CO.	WAIVER-Before
MOTOR VEHICLE CASUALTY CO.	PARTICIPATE
MOTORS INSURANCE CORP.	WAIVER-After

MOUNTAIN STATES INSURANCE CO.	WAIVER-After
MOUNTAIN WEST FARM BUREAU MUTUAL INS. CO.	WAIVER-B & A
MT. AIRY INSURANCE CO.	
MT. HAWLEY INS. CO.	WAIVER-After
MUTUAL PROTECTIVE INSURANCE CO.	WAIVER-Before
MUTUAL SERVICE CASUALTY INSURANCE CO.	WAIVER-Before
NATILUS INSURANCE CO.	PARTICIPATE
NATIONAL AMERICAN INSURANCE CO.	
NATIONAL ATTORNEYS TITLE INS. CO.	WAIVER-After
NATIONAL BONDING & ACCIDENT INS. CO.	WAIVER-Before
NATIONAL CASUALTY CO.	PARTICIPATE
NATIONAL CHIROPRACTIC MUTUAL INS. CO.	
NATIONAL EXCESS INS. CO.	WAIVER-Before
NATIONAL FARMERS UNION PROPERTY & CASUALTY CO.	WAIVER-Before
NATIONAL FIRE INSURANCE CO. OF HARTFORD CT.(CNA)	PARTICIPATE
NATIONAL GENERAL INSURANCE CO.	WAIVER-Before
NATIONAL INDEMNITY CO.	
NATIONAL INSURANCE UNDERWRITERS	
NATIONAL PROPERTY OWNERS INS. CO.	WAIVER-Before
NATIONAL REINSURANCE CORP.	
NATIONAL SURETY CORP.	
NATIONAL UNION FIRE INS. CO. OF PITTSBURGH	
NATIONWIDE MUTUAL INSURANCE COMPANIES	WAIVER-After
NEW ENGLAND INS. CO.	WAIVER-Before
NEW HAMPSHIRE INSURANCE CO.	
NEW YORK UNDERWRITERS INS. CO.	
NEWARK INS. CO.	

NIAGARA FIRE INS. CO.	
NICHIDO FIRE & MARINE INS. CO.	
NORTH AMERICAN CO. FOR PROPERTY & CASUALTY INS.	WAIVER-Before
NORTH AMERICAN REINSURANCE CORP.	WAIVER-Before
NORTH AMERICAN SPECIALTY INS. CO.	
NORTH EAST INSURANCE CO.	WAIVER-Before
NORTH PACIFIC INS. CO.	WAIVER-Before
NORTH RIVER INS. CO.	
NORTH STAR REINSURANCE CORP.	
NORTHBROOK INSURANCE COMPANIES	
NORTHERN ASSURANCE CO. OF AMERICA	
NORTHERN INS. CO. OF NY (MARYLAND CASUALTY)	PARTICIPATE
NORTHLAND CASUALTY CO.	WAIVER-Before
NORTHLAND INS. CO.	WAIVER-Before
NORTHWESTERN NATIONAL INSURANCE COMPANIES	PARTICIPATE
NMNL REINSURANCE CO.	
OCCIDENTAL FIRE & CASUALTY CO. OF NC	PARTICIPATE
OHIO CASUALTY INS. CO.	WAIVER-B & A
OHIO FARMERS INS. CO.	
OHIO HOSPITAL INS. CO.	WAIVER-Before
OLD REPUBLIC INS. CO.	
OMAHA INDEMNITY CO.	WAIVER-Before
OMAHA PROPERTY & CASUALTY INS. CO.	WAIVER-After
ORION GROUP	WAIVER-B & A
PMA GROUP	WAIVER-Before
PMI INS. CO.	WAIVER-Before
PACIFIC EMPLOYERS INS. CO. (CIGNA)	PARTICIPATE
PACIFIC INDEMNITY CO.	

PACIFIC MARINE INS. CO.	WAIVER-Before
PAXTON NATIONAL INS. CO.	WAIVER-Before
PEERLESS INS. CO.	
PENN-AMERICA	PARTICIPATE
PENNSYLVANIA MANUFACTURERS ASSOC. INS. CO.	
PENNSYLVANIA NATIONAL MUTUAL CASUALTY INS. CO.	WAIVER-Before
PETROLEUM CASUALTY CO.	WAIVER-Before
PHICO INS. CO.	PARTICIPATE
PHOENIX ASSURANCE CO. OF NY	WAIVER-B & A
PHOENIX INS. CO.	
PINE TOP INS. CO.	WAIVER-Before
PLANET INS. CO.	
POLARIS ASSURANCE	WAIVER-Before
PREFERRED RISK MUTUAL INS. CO.	WAIVER-Before
PRESIOIO INS. CO.	
PRINCIPAL CASUALTY INS. CO.	WAIVER-Before
PROGRESSIVE CASUALTY INSURANCE COMPANIES	PARTICIPATE
PROTECTION MUTUAL INS. CO.	PARTICIPATE
PROTECTIVE INS. CO.	PARTICIPATE
PROTECTIVE NATIONAL INS. CO. OF OMAHA	
PROVIDENCE WASHINGTON INS. CO.	WAIVER-Before
PROVIDENT GENERAL INS. CO.	WAIVER-Before
PRUDENTIAL INSURANCE COMPANIES	
PRUDENTIAL REINSURANCE CO.	WAIVER-B & A
PURITAN INSURANCE CO.	
RAMSEY INS. CO.(ST. PAUL GROUP)	PARTICIPATE
RANGER INS. CO.	PARTICIPATE

REDLAND INS. CO.	WAIVER-After
REINSURANCE CORP. OF NY	WAIVER-Before
RELIABLE INS. CO.	
RELIANCE INS. CO.	
REPUBLIC INSURANCE GROUP	WAIVER-B & A
REPUBLIC WESTERN INS. CO.	WAIVER-Before
RLI INS. CO.	WAIVER-After
ROCHDALE INS. CO.	
ROCKWOOD INS. CO.	WAIVER-After
ROCKY MOUNTAIN FIRE & CASUALTY CO.	
ROYAL INS. CO. OF AMERICA	PARTICIPATE
SAFECO INSURANCE COMPANIES	PARTICIPATE
SAFECO TITLE INS. CO.	
SAFECO TITLE INS. CO. OF IDAHO	
SAFEGUARD INS. CO.	
SAFETY MUTUAL CASUALTY CORP.	WAIVER-After
SEA INS. CO. LTD.	
SEABOARD SURETY CO.	PARTICIPATE
SECURITY INS. CO. OF HARTFORD	
SECURITY REINSURANCE CO.	
SELECT INS. CO.	
SENTRY INSURANCE COMPANIES	PARTICIPATE
SCOTTISH & YORK INTERNATIONAL INSURANCE GROUP	WAIVER-B & A
SILVEY COMPANIES	WAIVER-After
SIMCOE & ERIE GENERAL INSURANCE CO.	WAIVER-Before
SKANDIA AMERICA REINSURANCE CORP.	WAIVER-Before
SOUTH CAROLINA INS. CO.	WAIVER-After
SOUTHERN INS. CO.	WAIVER-Before

SPHERE DRAKE INSURANCE	WAIVER-After
ST. PAUL INS. COMPANIES	PARTICIPATE
STANDARD FIRE INS. CO.	
STANDARD GUARANTY INS. CO.	
STATE AUTOMOBILE & CASUALTY UNDERWRITERS	
STATE FARM FIRE & CASUALTY CO.	
STATE FARM INSURANCE COMPANIES	PARTICIPATE
STATE SURETY CO.	WAIVER-Before
STEWART TITLE GUARANTY CO.	
STONEWALL INS. CO.	WAIVER-B & A
SUMMIT FIDELITY & SURETY CO.	WAIVER-Before
SUMMIT HOME INS. CO.	
SUN INSURANCE CO. OF NY	WAIVER-B & A
SUN INS. OFFICE LTD.	
SUNSHINE MUTUAL INS. CO.	
TAISHO MARINE & FIRE INS. CO. LTD.	
TEACHERS INS. CO.	
TEXAS GENERAL INDEMNITY CO.	WAIVER-After
T.H.E. INSURANCE CO.	WAIVER-Before
TICOR INSURANCE COMPANIES	WAIVER-Before
TITLE INS. CO. OF MINNESOTA	
TITLE USA INS. CORP.	
TOKIO MARINE & FIRE INS. CO. LTD.	
TOWER INS. CO. INC.	
TRANSAMERICA INS. COMPANIES	WAIVER-Before
TRANSAMERICA PREMIER INS. CO.	
TRANSCONTINENTAL INS. CO.(CNA)	PARTICIPATE

TRANSIT CASUALTY CO.	
TRANSPORT INS. CO.	
TRANSPORTATION INS. CO. (CNA)	PARTICIPATE
TRAVELERS INSURANCE COMPANIES	PARTICIPATE
TRENTON NATIONAL INS. CO.	WAIVER-After
TRI STATE INS. CO.	
TRUCK INS. EXCHANGE	
TUDOR INSURANCE COMPANIES	PARTICIPATE
TWIN CITY FIRE INS. CO.	
ULICO CASUALTY CO.	PARTICIPATE
UNICARE INS. CO.	WAIVER-Before
UNIGARD INSURANCE COMPANIES	WAIVER-Before
UNION INDEMNITY INS. CO. OF NY	
UNION INS. CO.	WAIVER-Before
UNION MUTUAL INS. CO. OF PROVIDENCE	
UNION STANDARD INS. CO.	WAIVER-B & A
UNIONE ITALIANA REINSURANCE CO.	
UNITED AMERICAS INS. CO.	WAIVER-After
UNITED EQUITABLE INS. CO.	
UNITED FIRE & CASUALTY CO.	WAIVER-Before
UNITED GUARANTY RESIDENTIAL INS. CO. OF IOWA	
UNITED GUARANTY RESIDENTIAL INS. CO. OF NC	WAIVER-B & A
UNITED NATIONAL INS. CO.	PARTICIPATE
UNITED PACIFIC INS. CO.	PARTICIPATE
UNITED SERVICES AUTOMOBILE ASSOCIATION	WAIVER-B & A
UNITED STATES FIDELITY & GUARANTY CO.	PARTICIPATE
UNITED STATES FIRE INS. CO.	
UNIVERSAL REINSURANCE CORP.	WAIVER-Before

UNIVERSAL SECURITY INS. CO.	
UNIVERSAL SURETY CO.	WAIVER-After
UNIVERSAL UNDERWRITERS INS. CO.	WAIVER-Before
USAA CASUALTY INS. COMPANIES	WAIVER-B & A
U S MORTGAGE INS. CO.	
UTAH MEDICAL INS. ASSOCIATION	WAIVER-Before
UTICA MUTUAL INS. CO.	WAIVER-B & A
VALIANT INS. CO. (MARYLAND CASUALTY)	PARTICIPATE
VALLEY FORGE INS. CO. (CNA)	PARTICIPATE
VANGUARD INS. CO.	
VEREX ASSURANCE INC.	WAIVER-Before
VIGILANT INS. CO.	
VIKING INS. CO. OF WISCONSIN	WAIVER-Before
VIRGINIA SURETY CO. INC.	
WAUSAU UNDERWRITERS INS. CO.	WAIVER-After
WESTCHESTER FIRE INS. CO.	
WESTERN AGRICULTURAL INS. CO.	
WESTERN CASUALTY & SURETY CO.	
WESTERN EMPLOYERS INS. CO.	WAIVER-After
WESTERN FIRE INS. CO.	
WESTERN INDEMNITY CO. INC.	
WESTERN NATIONAL ASSURANCE CO.	
WESTERN SURETY CO.	WAIVER-Before
WESTERN WORLD INS. CO.	WAIVER-Before
WESTFIELD INS. CO.	WAIVER-B & A
WILSHIRE INS. CO.	PARTICIPATE
WISCONSIN MORTGAGE ASSURANCE CORP.	WAIVER-Before

WMBIC INDEMNITY CORP.	
WORLDWIDE UNDERWRITERS INS. CO.	
YASUDA FIRE & MARINE INS. CO. OF AMERICA	
YORK INS. CO.	
YORKTOWN INDEMNITY CO.	
YOSEMITE INS. CO.	WAIVER-Before
YUKON INDEMNITY CO. (FARMERS ALLIANCE MUTUAL)	PARTICIPATE
ZURICH AMERICAN INS. CO. OF ILLINOIS	WAIVER-Before

APPENDIX #25

MONTANA INSURANCE ASSISTANCE PLAN

Companies requesting a waiver of participation
before letter of reconsideration sent

November 3, 1986

AFFILIATED FM INSURANCE COMPANY
Allendale Park, P.O. Box 7500
Johnston, RI 02919
401-275-3000
REASON: Company does not write any type of Commercial Liability Insurance.

ALASKA NATIONAL INSURANCE CO.
7001 Jewel Lake Road
Anchorage, AL 99502
907-248-2642
REASON: Admitted status in the state of Montana, but principle business is in Alaska and have written no premiums in the state as of this date.

ALLENDALE INSURANCE
Allendale Park, P.O. Box 7500
Johnston, RI 02919
401-275-3000
REASON: Company does not write any type of commercial liability insurance.

ALLIANZ UNDERWRITERS INSURANCE CO.
6435 Wilshire Boulevard
P.O. Box 36910
Los Angeles, CA 90036
213-658-5000
REASON: Casualty side of their operation lost all their treaties as of January 1, 1986.

ALL NATION INSURANCE CO.
P.O. Box 64697
St. Paul, MN 55164
REASON: Licensed only for private passenger auto insurance.

AMERICAN AMBASSADOR CASUALTY CO.
900 Skokie Blvd.
Northbrook, IL 60062
312-480-4800
REASON: Licensed only for private passenger auto insurance.

AMERICAN BANKERS INSURANCE CO. OF FLORIDA
11222 Quail Roost Drive
Miami, FL 33157
REASON: Strictly a personal lines carrier.

AMERICAN BONDING CO.
8601 Beverly Blvd.
Los Angeles, CA 90048
213-655-8007
REASON: Unauthorized to write commercial liability in the State of Montana.

AMERICAN CREDIT INDEMNITY CO.
300 St. Paul Place
Baltimore, MD 21202
301-332-3300
REASON: Writes only credit insurance for Accounts Receivable.

AMERICAN DRUGGISTS' INSURANCE CO.
11300 Cornell Park Drive
Cincinnati, OH 45242
513-530-1600
REASON: Company has been placed in Rehabilitation by the Ohio Department of Insurance.

AMERICAN-EUROPEAN REINSURANCE CORP.
280 Park Avenue
New York, NY 10017
212-490-0500
REASON: Is a professional reinsurer and writes no direct in any state.

AMERICAN FIDELITY INSURANCE
2000 Classen Center, P.O. Box 25523
Oklahoma City, OK 73125
405-523-5003
REASON: Primarily a personal lines carrier in Montana.

AMERICAN HAIL INSURANCE CO.
140 South Atlantic Avenue, P.O. Box 2574
Ormond Beach, FL 32075
904-677-4453
REASON: Writes only crop hail and multi-peril crop insurance.

AMERICAN HARDWARE MUTUAL INSURANCE CO.
3033 Excelsior Blvd.
Minneapolis, MN 55416
612-920-1400
REASON: Specialize in writing mercantile lines of insurance.

AMERICAN INDEMNITY GROUP
One American Indemnity Plaza, P.O. Box 1259
Galveston, TX 77553
409-766-4600
REASON: Company does write in the state of Montana.

AMERICAN INDEPENDENT REINSURANCE CO.
3001 Summer Street, P.O. Box 3802
Stamford, CT 06905
REASON: Write treaty reinsurance only.

AMERICAN INTEGRITY INSURANCE CO.
2 Penn Center Plaza
Philadelphia, PA 19102
215-561-1400
REASON: Licensed authority for accident and health insurance only.

AMERICAN NATIONAL PROPERTY & CASUALTY CO.
Corporate Centre, P.O. Box 4006
Springfield, MO 65808
417-887-0220
REASON: Not operational in Montana.

AMERICAN REINSURANCE CO.
One Liberty Plaza
91 Liberty Plaza
New York, NY 10006
212-618-7020
REASON: Is only a professional reinsurer and does not issue any insurance policies.

AMERICAN ROAD INSURANCE CO.
The American Road
Dearborn, MI 48121
REASON: Insure only the risks of their parent company, Ford Motor Company.

AMERICAN SECURITY INSURANCE GROUP
P.O. Box 50355
Atlanta, GA 30302
404-261-9000
REASON: Provides specialized property and casualty insurance to banks and other financial institutions.

AMERICAN TITLE INSURANCE CO.
1101 Brickell Avenue
Miami, FL 33131
305-374-4300
REASON: Authorized only to write title insurance.

AMERISURE COMPANIES
Mutual Building
28 West Adams Avenue
Detroit, MI 48226
313-965-8600
REASON: Have no agents writing business direct and only service facilities on a contract basis.

AMICA MUTUAL INSURANCE CO.
P.O. Box 6008
Providence, RI 02940
800-992-6422
REASON: Write only personal lines insurance.

APPALACHIAN INSURANCE CO.
Allendale Park, P.O. Box 7500
Johnston, RI 02919
REASON: Company does not write any type of Commercial Liability insurance.

ARGONAUT INSURANCE GROUP
250 Middlefield Road
Menlo Park, CA 94025
REASON: No reason submitted

ARKWRIGHT BOSTON INSURANCE
225 Wyman Street
Waltham, MA 02154
617-890-9300
REASON: Writes direct property business only in Texas.

ARMED FORCES INSURANCE EXCHANGE
P.O. Box G
Fort Leavenworth, KS 66027
800-255-6792
REASON: Is a personal lines insurer only and is not Licensed to write any commercial insurance.

ASSOCIATES INSURANCE GROUP
P.O. Box 660028
Dallas, TX 75266
REASON: No experience in any of the lines listed requesting participation.

ASSOCIATED INTERNATIONAL INSURANCE CO.
3450 Wilshire Blvd.
Los Angeles, CA 90010
213-739-8840
REASON: Strictly an excess line insurer.

AUTOMOBILE CLUB INSURANCE CO.
3590 Twin Creeks Drive
Columbus, OH 43204
614-272-6951
REASON: Do not write any commercial risks.

BALBOA INSURANCE GROUP
P.O. Box 19702
Irvine, CA 92713
714-553-0700
REASON: Do not write commercial lines or general liability insurance.

BANKER'S MULTIPLE LINE INSURANCE CO.
4810 North Kenneth Avenue
Chicago, IL 60630
REASON: Do not write property or casualty insurance.

BANKER'S & SHIPPERS INSURANCE CO. OF NEW YORK
P.O. Box 2510
Burlington, NC 27215
919-584-3711
REASON: Sold to the Travelers Group and Travelers is in the process of restructuring.

BITUMINOUS INSURANCE CO.
320 18th Street
Rock Island, IL 61201
309-786-5401
REASON: Are a regional company primarily active in the Midwest and South and are not active in Montana.

BELVEDERE INSURANCE COMPANY LIMITED
2nd Floor, Reid House, Church Street
P.O. Box HM 1643, Hamilton 5
Bermuda
(809-29) 5-3656
REASON: Exclusively a reinsurer.

BOND INVESTORS GUARANTY INSURANCE COMPANY
70 Pine Street
New York, NY 10270
REASON: Monoline insurer specializing in bonds, notes, and securities insurance.

THE CANADIAN INSURANCE COMPANY OF CALIFORNIA
3350 Harbor Boulevard
Costa Mesa, CA 92626
714-754-7300
REASON: Presently not admitted in the state of Montana.

THE CELINA MUTUAL INSURANCE CO.
Insurance Square
Celina, OH 45822
419-586-5181
REASON: Licensed in the state of Montana but have written no business to date.

CENTRAL STATES INDEMNITY CO. OF OMAHA
Box 34437
Omaha, NE 68134
402-397-1111
REASON: Principle business underwriting outstanding credit card balances.

CHICAGO TITLE INSURANCE CO.
2 North Lasalle Street, 8th Floor
Chicago, IL 60602
312-630-2597
REASON: Write Title Insurance only.

CHRYSLER INSURANCE CO.
901 Wilshire Drive
Troy, MI 48084
REASON: Do not write any commercial liability insurance.

CINCINNATI INSURANCE CO.
P.O. Box 145496
Cincinnati, OH 45214
513-870-2300
REASON: Does not do business in the state of Montana.

CIM INSURANCE CORPORATION
3044 West Grand Blvd.
Detroit, MI 48202
REASON: Writes only auto physical damage in Montana.

COMMERCIAL LOAN INSURANCE CORP.
MGIC Plaza, P.O. Box 756
414-347-6489
Milwaukee, WI 53201
REASON: Writes only mortgage guaranty insurance.

COMPASS INSURANCE CO.
1221 River Bend Drive
Dallas, TX 75247
214-689-8333
REASON: Company is in a "run-off" status and is not writing any new business.

CONSUMERS INDEMNITY CO.
P.O. Box 576
Mercer Island, WA 98040
206-232-1168
REASON: Lack reinsurance for their limited writing exposure and unqualified underwriting & claims staff.

CONTINENTAL SURETY & FIDELITY INSURANCE CO.
1120 Lincoln Street, Suite 1401
Denver, CO 80203
303-860-7100
REASON: Licensed to write surety bonds only.

CONTINENTAL WESTERN INSURANCE CO.
11201 Douglas, P.O. Box 1594
Des Moines, IA 50306
515-278-3000
REASON: Unactive in the state of Montana although licensed.

CONTRACTORS BONDING & INSURANCE CO.
1213 Valley Street, P.O. Box 9271
Seattle, WA 98109
206-622-7053
REASON: Writes only surety insurance.

COPENHAGEN REINSURANCE CO. OF AMERICA
70 Pine Street, 34th Floor
New York, NY 10270
REASON: Write treaty reinsurance only.

CRITERION CASUALTY CO.
1020 17th Street Northwest
Washington, D.C. 20047
REASON: Exclusively a personal lines underwriter.

CUMIS INSURANCE SOCIETY
5910 Mineral Point Road, P.O. Box 1084
Madison, WI 53701
608-238-5851
REASON: Specializes in insurance for credit unions

THE DOCTORS' CO.: AN INTERINSURANCE EXCHANGE
401 Wilshire Boulevard
Santa Monica, CA 90401
800-421-2368
REASON: Writes professional medical liability only.

EASTERN INDEMNITY CO. OF MARYLAND
P.O. Box 17391
Baltimore, MD 21203
301-752-1004
REASON: Declared liquidated and insolvent February 11, 1986.

ELECTRIC MUTUAL INSURANCE CO.
715 Lynnway
Lynn, MA 09105
617-593-4767
REASON: Do not underwrite general liability in Montana.

EMPIRE CASUALTY CO.
1642 South Parker Road
Denver, CO 80231
303-751-5254
REASON: Licensed in Montana but have written no business to date.

EMPLOYERS CASUALTY CO.
P.O. Box 2759
Dallas, TX 75221
REASON: Do not underwrite any business in Montana at present.

EMPLOYERS REINSURANCE CORP.
5200 Metcalf, P.O. Box 2991
Overland Park, KS 66201
913-676-5200
REASON: Exclusively a reinsurance underwriter.

EQUITABLE GENERAL INSURANCE CO. OF OKLAHOMA
1285 Avenue of the Americas
New York, NY 10019
REASON: Surplus lines insurer and not actively writing any commercial business.

EXCESS INSURANCE CO.
130 Johns Street
New York, NY 10038
REASON: Moved and mail is not forwardable.

FARMERS UNION MUTUAL INSURANCE CO.
300 River Drive North
P.O. Box 2168
Great Falls, MT 59403
406-761-0242
REASON: Does not write those lines of insurance identified in the MIAP.

FEDERAL KEMPER INSURANCE CO.
2001 East Mound Road
Decatur, IL 62526
217-877-9510
REASON: Do not underwrite in the state of Montana and do not offer commercial coverage.

FEDERATED RURAL ELECTRIC INSURANCE CORP.
P.O. Box 15147
Shawnee Mission, KS 66215
REASON: Writes only rural electric and telephone co-ops.

FINANCIAL INDEMNITY CO.
P.O. Box 7754
Burbank, CA 91510
818-843-2444
REASON: Licensed in the state of Montana but currently not writing any business.

FIRST GENERAL INSURANCE CO.
700 Quaker Lane, P.O. Box 380
Warwick, RI 02887
401-827-3177
REASON: Do not underwrite property & casualty in the state of Montana.

FIRST HORIZON INSURANCE CO.
P.O. Box 9300
Minneapolis, MN 55440
REASON: Principle line is reinsurance and primary policies are in runoff.

FIRST STATE INSURANCE CO.
60 Batterymarch Street
Boston, MA 02110
617-357-8400
REASON: Writes no primary liability coverage in Montana.

FLORIDA INTERNATIONAL INDEMNITY CO.
6990 Lake Ellenor Drive, Suite 122
Orlando, FL 32809
REASON: Insufficient forwarding address.

FOREMOST GUARANTY CORP.
131 West Wilson Street
Madison, WI 53703
REASON: Write solely private mortgage insurance.

GENERAL ACCIDENT INSURANCE
436 Walnut Street
Philadelphia, PA 19105
215-625-1000
REASON: Limited underwriting premiums in Montana.

GEICO
GEICO Plaza
Washington, D.C. 20076
REASON: Write personal lines only.

GENERAL ELECTRIC MORTGAGE INSURANCE CORP.
P.O. Box 177800
Raleigh, NC 27619
REASON: Write mortgage guaranties only.

GENERALI
60 Broad Street
New York, NY 10004
212-269-6400
REASON: Do not write any type of direct liability insurance.

GERLING AMERICA INSURANCE CO.
717 5th Avenue
New York, NY 10022
212-752-8900
REASON: Do not write any direct or primary insurance in Montana.

GIBRALTAR CASUALTY CO.
100 Mulberry Street, P.O. Box 908
Newark, NJ 07102
201-877-8000
REASON: Not writing any new or renewal business.

GREAT ATLANTIC INSURANCE CO. OF DELAWARE
59 John Street
New York, NY 10038
REASON: Address not forwardable.

GREATER NEW YORK MUTUAL INSURANCE CO.
215 Lexington Avenue
New York, NY 10016
212-683-9700
REASON: Unlicensed in the state of Montana.

GULF INSURANCE GROUP
P.O. Box 1771
Dallas, TX 75221
214-257-2800
REASON: Lack service facilities in the state of Montana.

HAWKEYE-SECURITY INSURANCE CO.
1017 Walnut Street
Des Moines, IA 50307
515-245-4141
REASON: Inactive in Montana.

HIGHLANDS INSURANCE GROUP
600 Jefferson Street
Houston, TX 77002
713-659-5541
REASON: Nominal writings in the state are derived from multi-state accounts domiciled elsewhere.

HORACE MANN COMPANIES
1 Horace Mann Plaza
Springfield, IL 62715
217-789-2500
REASON: Write personal lines of insurance only and a commercial Apartment Package.

IMPERIAL CASUALTY AND INDEMNITY CO.
306 South 15th Street
Omaha, NE 68102
402-344-4500
REASON: Lack of underwriting experience in MIAP lines of insurance

INSURANCE CORPORATION OF AMERICA
P.O. Box 56308
Houston, TX 77256
713-871-8100
REASON: Specialize in medical professional liability insurance.

INSURANCE CORPORATION OF HANNOVER
P.O. Box 76177
Los Angeles, CA 90057
213-380-8822
REASON: Underwriting only property and casualty reinsurance in Montana

INA REINSURANCE CO.
1 Franklin Plaza
Philadelphia, PA 19102
215-241-2841
REASON: Write reinsurance policies only.

INDUSTRIAL INDEMNITY
P.O. Box 7468
San Francisco, CA 94120
415-627-5000
REASON: Are withdrawing from the Montana Market.

INLAND INSURANCE COMPANY
P.O. Box 80468
Lincoln, NE 68501
REASON: Write surety only.

INTERCONTINENTAL INSURANCE CO.
600 Three First National Plaza
Chicago, IL 60602
312-444-1000
REASON: Writes only workers' compensation in Montana.

INTERNATIONAL SERVICE INSURANCE CO.
P.O. Box 1040
Fort Worth, TX 76101
817-336-9211
REASON: Principle line of coverage is private passenger auto.

ITT LYNDON PROPERTY INSURANCE CO.
700 Community Federal Center, 12555 Manchester Road
St. Louis, MI 63131
314-821-6060
REASON: Does not write the classes of insurance covered by the MIAP.

JC PENNEY INSURANCE
800 Brooksedge Blvd.
Westerville, OH 43081
614-891-8700
REASON: Does not write any business in Montana.

JEWELERS MUTUAL INSURANCE CO.
P.O. Box 468
Neenah, WN 54956
414-725-4326
REASON: Specialize in insurance for jewelry related businesses only.

JOHN ALDEN INSURANCE CO.
P.O. Box 020270
Miami, FL 33102
305-591-8511
REASON: Not licensed in Montana to write the classes of insurance in the MIAP.

KENTUCKY CENTRAL
Kincaid Towers
Lexington, KY 40507
606-253-5111
REASON: Not active in Montana at the present.

LANCER INSURANCE CO.
55 John Street
New York, NY 10038
212-406-0892
REASON: Specialize in auto liability and damage for bus industry.

LAWYERS TITLE INSURANCE CORPORATION
P.O. Box 27567
Richmond, VA 23261
804-281-6700
REASON: Write title insurance only as a monoline carrier.

LEGION INSURANCE CO.
12700 Park Central Drive, Suite 1770
Dallas, TX 75251
214-392-3348
REASON: Does not presently write commercial coverages.

LINCOLN NATIONAL LIFE INSURANCE CO.
1300 South Clinton Street, P.O. Box 2266
Fort Wayne, IN 46801
219-427-2000
REASON: Does not presently write commercial liability insurance.

LUMBERMAN'S UNDERWRITING ALLIANCE
2501 North Military Trail
Boca Raton, FL 33431
305-994-1900
REASON: Does not write liability lines of insurance of any kind.

Massachusetts PLATE GLASS INSURANCE CO.
525 West Monroe Street
Chicago, IL 60606
REASON: Insure plate glass only.

MEAD REINSURANCE CORP.
6 North Main Street
Dayton, OH 45402
513-223-1300
REASON: Specialize in reinsurance.

METROPOLITAN INSURANCE COMPANIES
700 Quaker Lane, P.O. Box 350
Warwick, RI 02887
REASON: Write personal lines of insurance only.

MIC GENERAL INSURANCE CORP.
P.O. Box 40359
Indianapolis, IN 46240
REASON: Inactive in Montana at present.

MIC PROPERTY & CASUALTY INSURANCE CORP.
3044 West Grand Blvd.
Detroit, MI 48202
REASON: Inexperienced in those lines of insurance covered in the MIAP.

MID-CONTINENT CASUALTY CO.
P.O. Box 1409
Tulsa, OK 74101
918-587-7221
REASON: Not active in the state of Montana at this time.

MIDWEST MUTUAL INSURANCE CO.
1111 Ashworth Road
West Des Moines, IA 50265
515-223-2000
REASON: Write only motorcycle insurance in Montana.

MILLERS GROUP
P.O. Box 2269
Fort Worth, TX 76113
817-332-7761
REASON: Montana business is in a run-off status.

MINNEHOMA INSURANCE CO.
Box 470185
Tulsa, OK 74147
REASON: No experience in the MIAP lines of insurance.

MORTGAGE GUARANTY INSURANCE CORP.
MGIC Plaza, P.O. Box 756
414-347-6489
Milwaukee, WI 53201
REASON: Writes mortgage guaranty insurance for financial institutions only.

MUTUAL PROTECTIVE INSURANCE CO.
1515 South 75th Street
Omaha, NE 68124
402-391-6900
REASON: Specializes in accident & health insurance within the state of Montana.

NATIONAL BONDING & ACCIDENT INSURANCE CO.
520 Broad Street
Newark, NJ 07101
201-481-8000
REASON: Does not write property & casualty insurance.

NATIONAL EXCESS INSURANCE CO.
24422 Avenida de la Carlota, Suite 360
Laguna Hills, CA 92653
714-472-0311
REASON: Specializes in aviation insurance in Montana.

NATIONAL FARMERS UNION INSURANCE COMPANIES
12025 East 45th Avenue
Denver, CO 80251
REASON: Farmer's Agents are writing only "main street" commercial business.

NATIONAL GENERAL INSURANCE CO.
10534 Natural Bridge Road, Lambert Field Box 10155
St. Louis, MI 63145
314-426-4000
REASON: Unauthorized to write commercial coverages in Montana.

NATIONAL PROPERTY OWNERS INSURANCE CO.
American General Center
Nashville, TN 37250
REASON: Have not been actively writing business in Montana since 1985.

NEW ENGLAND INSURANCE CO.
60 Batterymarch Street
Boston, MA 02110
617-357-8400
REASON: Does not write primary liability coverage in Montana.

NORTH AMERICAN REINSURANCE CORP.
100 East 46th Street
New York, NY 10017
212-907-8292
REASON: Specializes as a professional reinsurer only.

NORTH PACIFIC INSURANCE CO.
P.O. Box 74
Portland, OR 97207
503-643-7661
REASON: Unlicensed in Montana.

OHIO CASUALTY GROUP OF INSURANCE COMPANIES
136 North Third Street
Hamilton, OH 45025
REASON: Are not actively writing business in Montana.

OHIO HOSPITAL INSURANCE CO.
21 West Broad Street
Columbus, OH 43215
614-221-7777
REASON: Are not actively seeking business in Montana.

ORION INSURANCE CO.
Orion House, Bouverie Road West
Folkstone, Kent ENGLAND CT20 2RW
REASON: Unable to deliver as addressed.

ORION GROUP
5100 South Macadam Avenue, P.O. Box 3725
503-241-2411
Portland, OR 97208
REASON: Lack experience in those lines covered by MIAP.

PAXTON NATIONAL INSURANCE CO.
P.O. Box 6160
Harrisburg, PA 17112
717-652-2966
REASON: Has been suspended from doing business in Montana.

PENNSYLVANIA NATIONAL INSURANCE COMPANIES
P.O. Box 2361
Harrisburg, PA 17105
717-234-4941
REASON: Licensed but inactive in Montana.

PETROLEUM CASUALTY CO.
P.O. Box 3342
Houston, TX 77001
713-680-5553
REASON: Licensed to only write Workers' Compensation in Montana.

PHOENIX OF LONDON GROUP
1270 Avenue of the Americas, Suite 2920
New York, NY 10020
212-315-5200
REASON: Recently disengaged from the Continental Insurance Companies and is reevaluating its markets.

PINE TOP INSURANCE CO.
Greyhound Tower, Suite 200
Phoenix, AZ 85077
602-248-5537
REASON: Is in a "moratorium" status.

PMA GROUP
PMA Building, 925 Chestnut Street
Philadelphia, PA 19107
215-629-5000
REASON: Inactive in Montana, principle business is in the Mid-Atlantic states.

PMI MORTGAGE INSURANCE CO.
601 Montgomery Street
San Francisco, CA 94111
415-788-7878
REASON: Writes mortgage guaranty insurance only.

POLARIS ASSURANCE
P.O. Box 2480
Solli, 0202 OSLO 2
(472) 56 73 95
REASON: Writes only marine and aviation insurance.

PREFERRED RISK MUTUAL INSURANCE CO.
1111 Ashworth Road
West Des Moines, IA 50265
REASON: 95% of business is churches.

PRINCIPAL CASUALTY INSURANCE CO.
711 High Street
Des Moines, IA 50309
REASON: Write personal lines of insurance only.

PROVIDENT GENERAL INSURANCE CO.
Chattanooga, TN 37402
REASON: Not active in Montana.

PRUDENTIAL REINSURANCE CO.
100 Mulberry Street, P.O. Box 908
Newark, NJ 07102
201-877-8000
REASON: Are a professional reinsurer and do not write any insurance on a direct basis in Montana.

REPUBLIC INSURANCE GROUP
2727 Turtle Creek Blvd., P.O. Box 660560
Dallas, TX 75266
214-559-1400
REASON: Do not write any direct business in Montana.

REINSURANCE CORPORATION
99 John Street
New York, NY 10038
212-732-5144
REASON: Write reinsurance only.

SCOTTISH & YORK INTERNATIONAL INSURANCE GROUP
101 Carnegie Center, P.O. Box 681
Princeton, NJ 08540
609-452-7900
REASON: Inactive in the state of Montana.

SIMCOE & ERIE GENERAL INSURANCE CO.
130 John Street
New York, NY 10036
REASON: No forwarding address.

SKANDIA AMERICA GROUP
280 Park Avenue
New York, NY 10017
212-490-0500
REASON: Write reinsurance only.

SOUTHERN AMERICAN INSURANCE CO.
P.O. Box 171377
Memphis, TN 38187
901-761-1777
REASON: Does not write on a direct basis in Montana.

SOUTHERN INSURANCE CO.
P.O. Box 660274
Dallas, TX 75266
REASON: No experience in the lines of insurance covered under the MIAP.

STATE SURETY CO.
11201 Douglas Avenue, P.O. Box 1976
Des Moines, IA 50306
515-270-0009
REASON: Is a surety & bonding company only.

STONEWALL & DIXIE INSURANCE COMPANIES
2204 Lakeshore Drive, P.O. Box C-189
Birmingham, AB 35283
205-870-4000
REASON: Do not write commercial lines of insurance.

SUMMIT FIDELITY AND SURETY CO.
Parklane Towers, One Parklane Blvd., Suite 729 West
Dearborn, MI 48126
313-271-4520
REASON: Do not write direct commercial lines business.

SUN INSURANCE CO.
4 World Trade Center
212-775-1300
New York, NY 10048
REASON: Does not write liability insurance in Montana.

T.H.E. INSURANCE CO.
52 Church Street
Boston, MA 02116
REASON: No forwarding address.

THE WESTERN INSURANCE COMPANIES
14 East First
Fort Scott, KS 66701
316-223-1100
REASON: Companies have been purchased and are currently under reorganization.

TICOR TITLE INSURANCE CO. OF CALIFORNIA
6300 Wilshire Blvd., Suite 836
Los Angeles, CA 90048
213-852-6121
REASON: Writes title insurance only.

UNICARE INSURANCE CO.
2361 Campus Drive, P.O. Box 19623
Irvine, CA 92715
714-955-2170
REASON: Unactive in Montana at present.

UNIGARD INSURANCE GROUP
15805 Northeast 24th Street
Bellevue, WA 98008
206-641-4321
REASON: Lack of experience writing those lines covered in the MIAP.

UNION INSURANCE CO.
14th Street at Q
Lincoln, NE 68501
402-476-7688
REASON: Inactive in the state of Montana.

UNIONAMERICA INSURANCE CO.
130 John Street
New York, NY 10038
REASON: No forwarding address.

UNION STANDARD INSURANCE CO.
P.O. Box 47370, 7900 Carpenter Freeway
Dallas, TX 75247
214-634-2250
REASON: Inactive in the state of Montana.

UNITED FIRE & CASUALTY CO.
118 Second Avenue, Southeast
Cedar Rapids, IA 52407
319-399-5700
REASON: Have filed no rates in Montana.

UNITED GUARANTY COMMERCIAL INSURANCE OF IOWA
201 North Elm Street, P.O. Box 21945
Greensboro, NC 27420
REASON: Write commercial mortgage and rent guaranty insurance only.

UNITED SERVICES AUTOMOBILE ASSOCIATION
USAA Building
San Antonio, TX 78288
REASON: Write only personal lines of insurance to former members of the Armed Services.

UNIVERSAL REINSURANCE CORP.
11370 Reed Hartman Highway
Cincinnati, OH 45241
513-530-8000
REASON: Is currently in "run-off" status.

UNIVERSAL UNDERWRITERS INSURANCE CO.
Fifty-one fifteen
Kansas City, MO 64112
816-753-5800
REASON: Lack of experience in the lines covered in the MIAP.

UTAH MEDICAL INSURANCE ASSOCIATION
540 East 500 South
Salt Lake City, UT 84102
REASON: Write medical malpractice insurance only.

VEREX ASSURANCE, INC.
150 East Gilman, P.O. Box 7066
Madison, WI 53707
608-257-2527
REASON: Is a monoline mortgage guaranty company.

VIKING INSURANCE COMPANY OF WISCONSIN
330 South Whitney Way, P.O. Box 5365
Madison, WI 53705
608-238-0276
REASON: Write only personal lines of insurance by company policy and lack experience in areas requesting participation.

WESTFIELD COMPANIES
One Park Center
Westfield, OH 44251
216-887-0101
REASON: Inactive in the state of Montana

WESTERN SURETY CO.
101 South Phillips Avenue
Sioux Falls, SD 57192
605-336-3126
REASON: Specialize in fidelity and surety bonds.

WISCONSIN MORTGAGE ASSURANCE CORP.
MGIC Plaza, P.O. Box 756
414-347-6489
Milwaukee, WI 53201
REASON: Specialize in residential mortgage guaranty insurance only.

YOSEMITE INSURANCE CO.
601 Northwest 2nd Street
Evansville, IN 47708
812-424-8031
REASON: Write insurance only for consumer credit clientele.

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ACCELERATION NATIONAL INSURANCE CO.
475 Metro Place, P.O. Box 7000
Dublin, OH 43017
800-848-5870
REASON: Lack of experience writing those lines covered in the MIAP.

AGRICULTURAL EXCESS AND SURPLUS INSURANCE CO.
580 Walnut Street, P.O. Box 2575
Cincinnati, OH 45201
513-369-5881
REASON: Lack experience writing those lines covered in the MIAP.

AID INSURANCE COMPANIES
710 Fifth Avenue, P.O. Box 974
Des Moines, IA 50304
REASON: Inactive in the state of Montana.

ALBANY-ATLAS GROUP
1020 U.S. Route 1
Princeton, NJ 08540
609-987-2525
REASON: Lack experience writing those lines covered in the MIAP.

ALLIANZ INSURANCE CO.
6435 Wilshire Blvd., P.O. Box 54897
Los Angeles, CA 90054
213-658-5000
REASON: Inactive in Montana and lack experience in those lines covered by the MIAP.

AMERICAN CONTINENTAL INSURANCE CO.
3100 Broadway, P.O. Box 19177
Kansas City, MO 64141
816-753-6625
REASON: Specialize in personal lines of insurance.

AMERICAN EXCEL INSURANCE CO.
14001 Dallas North Parkway, Suite 800
Dallas, TX 75240
213-385-8686
REASON: Inactive in the state of Montana.

AMERICAN LIVESTOCK INSURANCE CO.
200 South Forth Street, P.O. Box 520
Geneva, IL 60134
312-232-2100
REASON: Do not write the lines of insurance covered in the MIAP.

AMERICAN UNIVERSAL INSURANCE GROUP
144 Wayland Avenue, P.O. Box 6328
Providence, RI 02940
401-351-4600
REASON: Specialize in personal lines of insurance.

ASSOCIATES INSURANCE CO.
P.O. Box 660028
Dallas, TX 75266
214-659-3800
REASON: Do not write the lines of insurance covered in the MIAP.

ATLANTIC COMPANIES
Atlantic Building, 45 Wall Street
New York, NY 10005
212-943-1800
REASON: Lack of experience in those lines covered in the MIAP.

BCS INSURANCE CO.
676 North St. Clair
Chicago, IL 60611
312-951-7700
REASON: Lack of experience in those lines covered in the MIAP.

CENTRAL INSURANCE COMPANIES
800 South Washington Street, P.O. Box 351
Van Wert, OH 45891
419-238-1010
REASON: Inactive in the state of Montana.

COASTAL OFFSHORE INSURANCE LTD.
REASON: Do not write those lines covered in the MIAP.

CHUBB GROUP OF INSURANCE COMPANIES
15 Mountain View Road, P.O. Box 1615
Warren, NJ 007061
REASON: Inactive and lack experience in those lines covered in the MIAP.

COLONIAL INSURANCE CO. OF CALIFORNIA
2211 West 27th Avenue
Denver, CO 80217
REASON: Lack experience in those lines covered in the MIAP.

COLONIAL PENN GROUP, INC.
Colonial Penn Plaza, 15th & Market Streets
Philadelphia, PA 19181
215-988-8000
REASON: Specialize in personal lines of insurance and lack experience in those lines covered in the MIAP.

COMMERCIAL UNION INSURANCE COMPANIES
One Beacon Street
Boston, MA 02108
REASON: Inactive in the state of Montana.

CREDIT GENERAL INSURANCE CO.
One South Limestone Street, Box 1020
Springfield, OH 45501
513-328-2201
REASON: Do not write those lines covered by the MIAP.

DEPENDABLE INSURANCE CO. INC.
6601 Southpoint Drive North, Suite 300
Jacksonville, FL 32245
904-739-2444
REASON: Do not write those lines covered by the MIAP.

ENGLISH & AMERICAN INSURANCE GROUP
REASON: Do not write those lines covered by the MIAP.

FAIRMONT INSURANCE CO.
4111 West Alameda Avenue, P.O. Box 7750
Burbank, CA 91510
818-843-0755
REASON: Do not write those lines covered by the MIAP.

FEDERATED INSURANCE
129 East Broadway
Owatonna, MN 55060
800-533-0472
REASON: Inactive in the state of Montana

FREMONT INDEMNITY CO.
1709 West Eighth Street
Los Angeles, CA 90017
213-484-4812
REASON: Do not write those lines covered by the MIAP.

GENERAL REINSURANCE CORP.
Financial Centre, P.O. Box 10350
Stamford, CT 06904
203-328-5502
REASON: Specialize in reinsurance only.

GUARANTY NATIONAL COMPANIES
P.O. Box 3329
Englewood, CO 80155
303-790-8200
REASON: Poor legal climate in which to underwrite such risks.

HARCO NATIONAL INSURANCE CO.
P.O. Box 94309
Schaumburg, IL 60194
REASON: Do not write those lines covered by the MIAP.

HARTFORD STEAMBOILER INSURANCE CO.
One State Street
Hartford, CT 06102
203-722-1866
REASON: Do not write those lines covered by the MIAP.

HOME AND AUTOMOBILE INSURANCE CO.
111 West Jackson Blvd.
Chicago, IL 60604
312-322-2100
REASON: Are not writing direct business in Montana at present.

INTEGRAL INSURANCE CO.
P.O. Box 2051
Milwaukee, WI 53201
414-271-7476
REASON: Specialize in auto insurance for truckers at present.

INSURANCE COMPANY OF MARYLAND
1014 Fidelity Building
Baltimore, MD 21201
213-387-7767
REASON: Specialize in insurance for the bus industry.

JOHN HANCOCK PROPERTY & CASUALTY COMPANIES
John Hancock Place, P.O. Box 111
Boston, MA 02117
617-236-5293
REASON: Specialize in personal lines and lack experience in those lines covered by the MIAP.

JEFFERSON INSURANCE CO. OF NEW YORK
One Park Avenue
New York, NY 10016
212-683-4500
REASON: Do not write those lines covered by the MIAP.

KEMPER GROUP
Long Grove, IL 60049
312-540-2000
REASON: Do not write those lines covered by the MIAP.

MILBANK INSURANCE CO.
East Highway 12, P.O. Box 2M
Milbank, SD 57253
605-432-5551
REASON: Do not write those lines covered by the MIAP.

MOTOR CLUB OF AMERICA COMPANIES
484 Central Avenue
Newark, NJ 07107
201-733-4114
REASON: Do not write those lines covered by the MIAP.

MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE CO.
406 South 21st Street
Laramie, WY 82070
307-745-4835
REASON: Will not accept any new Montana business until major tort reform is enacted.

MUTUAL SERVICE LIFE INSURANCE CO.
P.O. Box 64035
St. Paul, MN 55164
612-631-7000
REASON: Specialize in farm supply and grain co-ops.

NORTH AMERICAN COMPANY
25 Valley Drive
Greenwich, CT 06830
203-622-1127
REASON: Do not write those lines covered by the MIAP.

NORTH EAST INSURANCE CO.
959 Brighton Avenue, P.O. Box 776
Portland, MA 04104
207-772-3733
REASON: Do not write those lines covered by the MIAP.

NORTHLAND INSURANCE COMPANIES
Hamm Building
St. Paul, MN 55102
612-298-0444
REASON: Specialize in commercial auto liability insurance.

OHIO CASUALTY GROUP OF INSURANCE COMPANIES
136 North Third Street
Hamilton, OH 45025
REASON: Inactive in the state of Montana

OMAHA INDEMNITY
3102 Farnam Street
Omaha, NE 68131
402-342-3326
REASON: Do not write those lines covered by the MIAP.

PACIFIC MARINE INSURANCE CO.
Fourth & Vine Building, Suite 700
Seattle, WA 98109
206-728-1530
REASON: Specialize in Workers' Compensation.

PETROLEUM CASUALTY CO.
P.O. Box 3342
Houston, TX 77253
REASON: Do not write those lines covered by the MIAP.

PHOENIX ASSURANCE PUBLIC LIMITED CO.
REASON: Do not write those lines covered by the MIAP.

PROGRESSIVE CASUALTY INSURANCE CO.
6300 Wilson Mills Road, P.O. Box 5070
Cleveland, OH 44101
216-461-5000
REASON: Inactive in the state of Montana.

PROTECTIVE INSURANCE CO.
3100 North Meridian Street
Indianapolis, IN 46208
317-925-3501
REASON: Specialize in insurance for motor freight carriers.

PROVIDENCE WASHINGTON INSURANCE GROUP
20 Washington Place, P.O. Box 518
Providence, RI 02901
401-831-4000
REASON: Inactive in the state of Montana.

REPUBLIC WESTERN INSURANCE CO.
2721 North Central Avenue
Phoenix, AZ 85004
602-263-6755
REASON: Inactive in the state of Montana.

TRANSAMERICA INSURANCE SERVICES
1150 South Olive Street, P.O. Box 54256
Los Angeles, CA 90054
213-742-4242
REASON: Unwilling to write business in Montana until there is major tort reform.

UTICA MUTUAL INSURANCE CO.
Box 530
Utica, NY 13503
315-735-3321
REASON: Lack of experience in writing those lines covered by the MIAP.

WESTERN WORLD INSURANCE CO.
48 South Franklin Turnpike
Ramsey, NJ 07446
201-825-3300
REASON: Already participating in the plan through a subsidiary-Tudor Insurance Co.

ZURICH-AMERICAN INSURANCE COMPANIES
The Zurich Building
Schaumburg, IL 60196
312-843-6000
REASON: Do not write those lines covered by the MIAP.

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ALBANY-ATLAS GROUP
1020 U.S. Route 1
Princeton, NJ 08540
609-987-2525
REASON: Inactive in the State of Montana.

ALLIED FIDELITY INSURANCE CO.
P.O. Box 7001
Indianapolis, IN 46207
REASON: In liquidation by order of the Indiana Dept. of Insurance.

ALLIED GROUP INSURANCE
701 Fifth Avenue, P.O. Box 974
Des Moines, IA 50304
REASON: Inactive in the state of Montana

ALLSTATE
Allstate Plaza
Northbrook, IL 60062
312-291-5942
REASON: Specialize in personal lines and are new entrants in the commercial lines with limited experience.

AMERICAN EMPIRE INSURANCE COMPANY
515 Main Street, P.O. Box 5370
Cincinnati, OH 45201
513-369-3000
REASON: Inactive in the state of Montana.

AMERICAN CONTINENTAL INSURANCE CO.
3100 Broadway, P.O. Box 19177
Kansas City, MO 64141
816-753-6625
REASON: Specialize in personal lines of insurance only.

AMERICAN EXCEL INSURANCE CO.
P.O. Box 802625
Dallas, TX 75380
214-385-8686
REASON: Inactive in the state of Montana.

AMERICAN LIVESTOCK INSURANCE CO.
200 South Forth Street, P.O. Box 520
Geneva, IL 60134
312-232-2100
REASON: Do not write those lines covered by the MIAP.

AMERICAN REINSURANCE CO.
One Liberty Plaza, 91 Liberty Street
New York, NY 10006
212-618-7018
REASON: Specialize in reinsurance.

APPALACHIAN INSURANCE CO.
Allendale Park, P.O. Box 7500
Johnston, RI 02919
REASON: Do not write commercial lines of insurance.

ASSOCIATES INSURANCE CO.
P.O. Box 660028
Dallas, TX 75266
214-659-3800
REASON: Specialize in personal lines of insurance.

ASSOCIATED INTERNATIONAL INSURANCE CO.
3450 Wilshire Blvd.
Los Angeles, CA 90010
213-739-8840
REASON: Do not write commercial lines of insurance.

ATLANTA INTERNATIONAL INSURANCE CO.
P.O. Box 19796
Atlanta, GA 30325
404-355-9400
REASON: Ceased writing all new and renewal business effective 5/15/85.

BCS
676 North St. Clair
Chicago, IL 60611
312-951-7700
REASON: Do not write commercial lines of insurance.

CENTRAL NATIONAL INSURANCE CO.
105 South 17th Street
Omaha, NE 68102
402-344-7600
REASON: Have withdrawn from the commercial market.

CAPITAL INDEMNITY CORP.
4610 University Avenue, Suite 1400
Madison, WI 53705
608-231-4450
REASON: Moratorium on new business in Montana.

CHEROKEE INSURANCE CO.
2416 Hillsboro Road, P.O. Box 50178
Nashville, TN 37205
615-356-1940
REASON: Has been placed in rehabilitation.

CHUBB GROUP OF INSURANCE COMPANIES
15 Mountain View Road, P.O. Box 1615
Warren, NJ 07061
REASON: Do not write those lines covered by the MIAP.

COMMERCIAL UNION INSURANCE CO.
One Beacon Street
Boston, MA 02108
REASON: Inactive in the state of Montana.

COLONIAL PENN FRANKLIN INSURANCE CO.
Colonial Penn Plaza, 19th & Market Streets
Philadelphia, PA 19181
REASON: Request not to participate.

CONCORDE GROUP
75456 Paris Cedex 09
(1) 42 80 66 00
REASON: Specialize in aviation & space risks in the USA.

CONTINENTAL INSURANCE
Fourth & Battery Building, P.O. Box 1850
Seattle, WA 98111
REASON: Request not to participate.

CONNECTICUT GENERAL FIRE & CASUALTY INSURANCE CO.
Hartford, CT 06152
REASON: Inactive in the state of Montana at present.

COMMERCIAL LOAN INSURANCE CORP.
MGIC Plaza, P.O. Box 488
Milwaukee, WI 53201
800-558-9900
REASON: Specialize in mortgage guaranty to financial institutions.

COMPASS INSURANCE CO.
P.O. Box 47220
Dallas, TX 75247
214-689-8333
REASON: Is currently in "run-off".

COPENHAGEN REINSURANCE CO. OF AMERICA
70 Pine Street
New York, NY 10270
REASON: Write treaty reinsurance only.

CRITERION CASUALTY CO.
1020 Seventeenth Street
Northwest Washington, D.C. 20047
REASON: Exclusively a personal lines carrier.

CROWN AMERICA
120 Bloor Street East
Toronto, Ontario, Canada M4W 1B8
416-928-4500
REASON: Do not write those lines covered by the MIAP.

EMPLOYERS CASUALTY CO.
P.O. Box 2759
Dallas, TX 75221
REASON: Inactive in the state of Montana at present.

EXCESS INSURANCE CO. LIMITED
130 John Street
New York, NY 10038
REASON: Address not forwardable.

FAIRMONT INSURANCE CO.
4111 West Alameda Avenue, P.O. Box 7750
Burbank, CA 91510
818-843-0755
REASON: Do not write those lines covered by the MIAP.

FINANCIAL BENEFITS INSURANCE CO.
200 West Monroe Street
Chicago, IL 60606
312-750-0666
REASON: Specialize in reinsurance of financial institutions.

FIRST EXCESS & REINSURANCE CORP.
5200 Metcalf, P.O. Box 29175
Overland Park, KS 66201
REASON: Specialize in reinsurance only.

FIRST HORIZON INSURANCE CO.
P.O. Box 9300
Minneapolis, MN 55440
REASON: Specialize in reinsurance only.

FLORIDA INTERNATIONAL INDEMNITY CO.
6990 Lake Ellenor Drive, Suite 122
Orlando, FL 32809
REASON: Addressee unknown.

FOLKSAMERICA
100 William Street
New York, NY 10038
REASON: Does not write direct business.

GAINSCO COMPANIES
P.O. Box 2933
Fort Worth, TX 76113
800-433-5624
REASON: Inactive in the state of Montana at present.

GEICO
GEICO Plaza
Washington, D.C. 20076
REASON: Exclusively a personal lines underwriter.

GERLING AMERICA INSURANCE CO.
717 Fifth Avenue
New York, NY 10022
212-752-8900
REASON: Inactive in the state of Montana at present.

GREAT SOUTHWEST FIRE INSURANCE CO.
9501 East Shea Blvd.
Scottsdale, AZ 85260
REASON: Inactive in the state of Montana at present.

HERITAGE INDEMNITY CO.
P.O. Drawer 3199
Westlake Village, CA 91359
818-889-2520
REASON: Do not write those lines covered by the MIAP.

HOME INSURANCE CO.
59 Maiden Lane
New York, NY 10038
212-530-7000
REASON: Request not to participate.

INDUSTRIAL INDEMNITY
255 California Street, P.O. Box 7468
San Francisco, CA 94120
415-627-5000
REASON: Inactive in the state of Montana at present.

INTERSTATE INSURANCE GROUP
55 East Monroe Street
Chicago, IL 60603
312-346-6400
REASON: Do not write those lines covered by the MIAP.

IOWA MUTUAL
P.O. Box 60
De Witt, IA 52742
319-659-3231
REASON: Withdrawing all business from the state of Montana.

INSURANCE COMPANY OF THE PRAIRIE STATES
P.O. Box 628
Weatherford, OK 73096
405-772-7734
REASON: Specialize in crop insurance only.

JOHN HANCOCK COMPANIES
John Hancock Place, P.O. Box 111
Boston, MA 02117
617-421-5257
REASON: Write personal lines of insurance only.

KEMPER GROUP
2601 Fourth Street Southwest
Mason City, IA 50401
515-423-5381
REASON: Inactive in the state of Montana at present.

MILLERS NATIONAL-ILLINOIS GROUP
29 North Wacker Drive
Chicago, IL 60606
312-236-8355
REASON: Specialize in crop insurance.

MONTGOMERY WARD INSURANCE
P.O. Box 5034
North Suburban, IL 60197
312-490-4522
REASON: Do not write any commercial lines of insurance.

MORTGAGE GUARANTY INSURANCE CORPORATION
MGIC Plaza, P.O. Box 756
Milwaukee, WI 53201
800-558-9900
REASON: Specialize in mortgage insurance for financial institutions.

MOTORS INSURANCE CORP.
General Motors Building, 3044 West Grand Blvd.
Detroit, MI 48202
REASON: Specialize in auto insurance lines.

MT. HAWLEY INSURANCE CO.
9025 North Lindbergh Drive
Peoria, IL 61615
309-692-1000
REASON: Inactive in the state of Montana.

MINSTER INSURANCE CO. LIMITED
Minster House, Arthur Street
London, EC4R 9BJ
01-623 5280
REASON: Do not write direct lines of insurance.

MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE CO.
2618 South 21st Street, P.O. Box 20180
Phoenix, AZ 85036
REASON: Specialize in non-standard personal auto insurance.

MOUNTAIN STATES INSURANCE CO.
P.O. Box 1059, 100 Financial Drive
Kalispell, MT 59903
406-752-8133
REASON: Specialize in crop insurance.

NATIONAL ATTORNEYS' TITLE INSURANCE CO.
111 Church Street, P.O. Box 511
White Plains, NY 10602
800-221-1621
REASON: Specialize in title insurance only.

NATIONWIDE INSURANCE
One Nationwide Plaza
Columbus, OH 43216
614-227-6463
REASON: Do not write those lines covered by the MIAP.

OHIO CASUALTY GROUP
136 North Third Street
Hamilton, OH 45025
REASON: Inactive in the state of Montana.

OMAHA PROPERTY & CASUALTY
3102 Farnam Street
Omaha, NE 68131
402-342-3326
REASON: Do not write those lines covered by the MIAP.

ORION GROUP
5100 Southwest Macadam Avenue, P.O. Box 3725
Portland, OR 97208
503-241-2411
REASON: Do not write those lines covered by the MIAP.

PHOENIX OF LONDON GROUP
1270 Avenue of the Americas, Suite 2920
New York, NY 10022
212-315-5200
REASON: Under reorganization at present.

PRUDENTIAL REINSURANCE CO.
100 Mulberry Street, P.O. Box 908
Newark, NJ 07102
201-877-8000
REASON: Specialize in reinsurance only.

REDLAND INSURANCE CO.
P.O. Box 1574
Council Bluffs, IA 51502
712-325-1010
REASON: Specialize in farm and crop insurance.

REPUBLIC INSURANCE GROUP
2727 Turtle Creek Blvd., P.O. Box 660560
Dallas, TX 75266
214-559-1400
REASON: Specialize in personal lines of insurance.

RLI INSURANCE CO.
9025 North Lindbergh Drive
Peoria, IL 61615
309-692-1000
REASON: Inactive in the state of Montana.

ROCKWOOD SERVICE CORP.
P.O. Box 17771, 2920 North 7th Street
Phoenix, AZ 85011
602-266-2222
REASON: Withdrawing all business from the state of Montana.

SAFETY MUTUAL CASUALTY CORP.
University Club Tower, 1034 South Brentwood Blvd.
St. Louis, MO 63117
314-862-4500
REASON: Specialize in workers' compensation insurance.

SILVEY COMPANIES
P.O. Box 3269
Tulsa, OK 74102
918-583-8141
REASON: Inactive in the state of Montana.

SCOTTISH & YORK INTERNATIONAL INSURANCE GROUP
Two Mill Road, P.O. Box 4679
Wilmington, DE 19807
302-594-4700
REASON: Inactive in the state of Montana.

SOUTH CAROLINA INSURANCE CO.
P.O. Box 1
Columbia, SC 29202
REASON: Do not write those lines covered by the MIAP.

SHERE DRAKE INSURANCE
52-54 Leadenhall Street
London EC3A 2BJ
01-480 7340
REASON: Do not write those lines covered by the MIAP.

STONEWALL & DIXIE INSURANCE CO.
2204 Lakeshore Drive, P.O. Box C-189
Birmingham, AL 35283
205-870-4000
REASON: Specialize in personal lines of insurance.

SUN INSURANCE CO. OF NEW YORK
4 World Trade Center
New York, NY 10048
212-775-1300
REASON: Specializes in marine insurance.

TEXAS GENERAL INDEMNITY CO.
P.O. Box 1259
Galveston, TX 77553
713-766-4600
REASON: Inactive in the state of Montana at present.

TRENTON NATIONAL INSURANCE CO.
3390 South Duesenberg Drive
Westlake Village, CA 91362
805-497-8250
REASON: Do not write those lines covered by the MIAP.

UNION STANDARD INSURANCE CO.
7900 Carpenter Freeway, P.O. Box 47370
Dallas, TX 75247
214-634-2250
REASON: Do not write those lines covered by the MIAP.

UNITED AMERICAS INSURANCE CO.
83 Maiden Lane
New York, NY 10038
212-514-7400
REASON: Specializes in property & casualty reinsurance.

UNITED GUARANTY COMMERCIAL INSURANCE CO. OF IOWA
P.O. Box 21945
Greensboro, NC 27420
REASON: Specialize in commercial mortgage insurance.

UNIVERSAL SURETY CO.
P.O. Box 80468
Lincoln, NE 68501
REASON: Specialize in surety insurance.

UNITED SERVICES AUTOMOBILE ASSOCIATION
USAA Building
San Antonio, TX 78288
REASON: Do not write any commercial lines of insurance.

UTICA MUTUAL INSURANCE CO.
Box 530
Utica, NY 13503
315-735-3321
REASON: Inactive in the state of Montana.

WAUSAU INSURANCE COMPANIES
2000 Westwood Drive, Box 150
Wausau, WI 54401
715-845-5211
REASON: Inactive in the state of Montana.

WESTERN EMPLOYERS INSURANCE
515 North Cabrillo Drive, P.O. Box 1979
Santa Anna, CA 92702
714-973-2813
REASON: Specialize in workers' compensation insurance.

WESTFIELD COMPANIES
Westfield Center, OH 44251
216-887-0101
REASON: Inactive in the state of Montana.

APPENDIX #26

MONTANA INSURANCE ASSISTANCE PLAN

Application Summary

December 31, 1986

Qualified and Complete Applications

PARK COUNTY

Received the application on June 3, 1986 from the Yardley Agency in Livingston.

Agents Committee: The application was submitted to the Agents Committee June 11, 1986. Jim Smith represents the Agents Committee for this application. With the cooperation of AIU and Rocky Mountain General Agency, the June 18 expiration date was extended 30 days. On June 26, 1986 Safeco agreed to consider the risk. On July 16, 1986 Safeco presented a quote of $56,103.00 for $500,000 limits. Jim felt that this quote was excessive. On July 17, 1986 AIU and Rocky Mountain General Agency again extended coverage until August 17, 1986 to allow for additional search for coverage.

Companies Contacted	Date	Response
Aetna	6/26/86	No
Safeco	6/26/86	Yes-Quoted
St. Paul Fire & Marine	8/04/86	Will Consider
St. Paul Fire & Marine	8/18/86	No

* On August 18, 1986, a letter was sent to Yardley Insurance Agency from the Chairman of the Agents Committee, explaining that the Agents Committee has successfully completed its duties in locating an available market for Park County.

* ACTION COMPLETED ON THIS APPLICATION

CITY OF SCOBEY

Received the application on June 24, 1986 from the Wolfe-Daniels Agency in Scobey. The City of Scobey's coverage expires July 1, 1986.

Agents Committee: The application was submitted to the Agents Committee on June 26, 1986. Bruce Mihelish represents the Agents Committee for this application. Only Northwestern National has agreed to consider this application. On July 28, 1986 I contacted the agent who submitted this application and was told that the information had been sent to Northwestern National and no quote had been provided as yet.

Companies Contacted	Date	Response
Maryland Casualty	-------	--------
Aetna	-------	--------
CNA	-------	--------
Travelers	-------	--------
CIGNA	-------	--------
AIG	-------	--------
Tudor Insurance	-------	--------
USF&G	7/07/86	Quoted
St. Paul Fire & Marine	7/07/86	No
United Pacific	7/08/86	No
Safeco	7/08/86	No-prefer Safeco Agent
Northwestern National	7/08/86	Yes-referred to Jerry Padbury

* Note: Northwestern National was contacted on August 8, 1986, and at that time indicated that a quote would be provided within a week.

* On September 2, 1986, I contacted Perry Wolfe, the submitting agent, who indicated that he had been told by Northwestern National on August 29, 1986 that a quote had not yet been provided.

* On September 22, 1986 submitting agent Perry Wolfe was contacted. Perry indicated that a quote of $5242 for the same limits of the previous policy had been received from Northwestern National on September 17, 1986. Northwestern National did request the City of Scobey's other insurance business be included with the general liability coverage.

* On September 24, 1986 a letter was sent to the Wolfe-Daniels Agency from the Chairman of the Agents Committee, indicating that the Agents Committee had successfully completed its duties in locating an available market for the City of Scobey.

* On December 5, 1986, Carl Swanson of the MIAP Advisory Committee informed me that U.S.F.& G. had quoted and written this risk as of November 1, 1986, not Northwestern National.

* ACTION COMPLETED FOR THIS APPLICATION

CARBON COUNTY

Received this application July 3, 1986 from the Beartooth Insurance Agency in Red Lodge.

Agents Committee: The application was submitted to the Agents Committee on July 11, 1986. Bob Wuttke represents the Agents Committee for this application. On July 29, 1986 I received a letter from Bob summarizing his efforts on this application. He indicated that he has had no success regarding Carbon County's application, and has received declinations from USF&G and Travelers. Bob suggested that this application should be sent to the Underwriters Committee, as he is not aware of any available markets.

Companies Contacted	Date	Response
Northwestern National	7/15/86	No
St. Paul	7/15/86	No
Sentinel General	7/15/86	No
Travelers	7/15/86	No
USF&G	7/21/86	No

Underwriters Committee: Application sent to Ed Judge of the Underwriters Committee August 11, 1986. Application was sent to the first five companies on a random list of companies writing liability insurance for political subdivisions. Anticipate response from the participating companies by September 1, 1986.

Companies Contacted	Date	Response
Safeco	8/20/86	Quoted $45,751 for $500,000 limit, with numerous exclusions
Maryland Casualty	8/20/86	Declined to Quote
Aetna Casualty	8/20/86	No reply to date
Great American Surplus	8/20/86	Will quote except personal injury
CNA Insurance	8/20/86	Declined

* On October 9, 1986, I contacted Kent McPhail of the Underwriters Committee. Kent indicated that Maryland Casualty and Great American Surplus Lines had agreed to quote this application, but that no quotes have been provided to date. Contacted Ed Judge and Carl Swanson, both indicated that AIU had agreed to provide coverage until July 1987 unless Maryland Casualty or Great American Surplus Lines provided a more favorable quote. If either Maryland Casualty or Great American Surplus Lines provides a more favorable quote, then AIU will pro-rata the premium and cancel AIU's policy covering Carbon County.

* On October 24, 1986, a letter was sent to the Beartooth Insurance Agency from the Chairman of the Underwriters Committee, explaining that the Underwriters Committee has successfully completed its duties in locating an available market for Carbon County.

* ACTION COMPLETED FOR THIS APPLICATION

PLAY INN BAR

This application for liquor liability from a bar in Billings was received on June 28, 1986 from Mike Depner of the Flynn Insurance Agency in Billings. An ACORD form was not originally included in the submission of the application, and was eventually received, although the information provided on the ACCORD form was very limited. I contacted the agent submitting the application to request additional information, and I asked the agent if he had checked with Glacier General Agency for an available market for liquor liability. He indicated that he was aware that Glacier General can offer up to $100,000 of liquor liability coverage, but feels that the limits are to low. I consulted with Carl Swanson of the Advisory Committee and he indicated that this application can be accepted as qualified.

Agents Committee: The application was sent to the Agents Committee on August 8, 1986, and Jim Smith will represent the Agents Committee for this application.

* On August 11, 1986, Jim Smith returned the application under the instructions of Dave Bruck, Co-Chairman of the Agents Committee. Mr. Bruck believed that since a market was already available, that this risk should not be eligible to apply under the MIAP.

* On September 10, 1986, Mike Depner, the submitting agent, indicated that in view of the fact that the Agents Committee never attempted to place this risk, the application fee should be refunded. Carl Swanson, the Chairman of the Advisory Committee, has agreed that since the Agents Committee never formally acted on this application that the application fee for this risk may be refunded.

* On September 24, 1986, Roger McGlenn's office indicated that the refund check in the amount of $50.00 was being sent to the Play Inn Bar. This information was relayed to the Flynn Agency as submitting agent.

* ACTION COMPLETED FOR THIS APPLICATION

DONNA MONROE

This application for Day Care Home liability insurance was received on July 21, 1986. An ACCORD form was not originally submitted, and the agent submitting the application indicated that one would be provided. The ACORD form was eventually received on August 11, 1986. Ms. Monroe's coverage expires on December 15, 1986. The application was submitted by Debbie Quick of the Whitefish Insurance Agency.

Agents Committee: On August 18, 1986, this application was sent to the Agents Committee, and Jim Paffhausen was assigned to this application

Companies Contacted	Date	Response
Penn-America	8/19/86	Will Consider

* On August 22, 1986, Jim Paffhausen called and indicated that Penn-America had agreed to consider this risk.

* On September 2, 1986, I called Debbie Quick, the submitting agent, and she indicated that the application had not yet been sent to Penn-America, but that it was in the process of being prepared to be sent.

* On October 9, 1986, Ms. Monroe indicated that she had obtained insurance coverage through the Montana Daycare Association. Ms. Monroe also indicated that she was also confused about the MIAP and thought that the plan would provide her with the necessary insurance coverage at a premium cost of $25.00. Ms. Monroe has indicated that she would like the $25.00 application fee refunded since she found insurance on her own without the assistance of the MIAP. Will discuss returning Ms. Monroe's application fee with Carl Swanson, Chairman of the Advisory Committee.

* On November 3, 1986, I discussed refunding the application fee with Carl Swanson, Chairman of the MIAP advisory Committee. Carl indicated that the application fee was non-refundable at this point because Jim Paffhausen, the Agents Committee representative for this application, had put forth an effort to locate liability insurance for the applicant through Penn-America.

* On November 7, 1986, a letter was sent to the Whitefish Insurance Agency from the Chairman of the Advisory Committee, explaining that the Agents Committee and MIAP has successfully completed its duties in trying to locate an available market for Donna Monroe's Day Care Home.

* ACTION COMPLETED FOR THIS APPLICATION

MISSOULA COUNTY

This application for assistance in locating liability insurance for a political subdivision was received August 12, 1986. The application was submitted by Mike Anderson of Terry Payne & Co. in Missoula. Missoula county's coverage expires on September 1, 1986.

Agents Committee: On August 19, 1986, this application was sent to the Agents Committee, which will be represented by Bruce Mihelish.

Companies Contacted	Date	Response
Safeco	8/25/86	No
Maryland Casualty	8/25/86	No
Aetna Casualty & Surety	8/25/86	No
CNA Insurance Co.	8/25/86	No
Northwestern National	8/25/86	No
USF&G	8/25/86	No
St. Paul Fire & Marine	8/25/86	No
United Pacific	8/25/86	No
Travelers	8/25/86	No
CIGNA Companies	8/25/86	No
AIG	8/25/86	No

Underwriters Committee: On August 25, 1986, Bruce Mihelish called me and indicated that he believed that this application should go to the Underwriters Committee.

* On September 2, 1986, the Missoula County application was sent to the following five companies on the random list of political subdivision insurers. The insurers have ten business days to respond regarding this matter.

Companies Contacted	Date	Response
Northwestern National	9/02/86	No
USF&G	9/02/86	No
St. Paul Fire & Marine	9/02/86	No
United Pacific	9/02/86	No
Travelers	9/02/86	No

* On October 9, 1986, Kent McPhail of the underwriters committee informed me that he had sent the Missoula County application to 5 more companies, from the random list of political subdivision insurers, on September 24, 1986.

Companies Contacted	Date	Response
CIGNA Companies	9/24/86	Still Pending
American International	9/24/86	Still Pending
Aetna Casualty	9/24/86	No
Maryland Casualty	9/24/86	Still Pending
Safeco	9/24/86	No

* On October 10, 1986, Kent McPhail of the Underwriters Committee informed me that he had sent the Missoula County application to 2 more companies.

Companies Contacted	Date	Response
Safeco		No
Maryland Casualty		No
Aetna		No
Great American Surplus	10/10/86	Quoted
CNA Insurance Co.	10/10/86	No
Northwestern National		No
USF&G		No
St. Paul Fire & Marine		No
United Pacific		No
Travelers		No
CIGNA		No
AIG (Through MARINCO)	09/04/86	Quoted
Tudor		No

* On October 28, 1986, Kent McPhail of the Underwriters Committee informed me that he had received two quotes for Missoula County of $200,000 and $300,000, and that the Application Progress Report was to be sent to the MIAP office as soon as possible.

* On November 21, 1986, Kent McPhail of the Underwriters Committee forwarded me a copy of his letter to Missoula County informing the County that the Agents and Underwriters Committees had fulfilled their obligation under House Bill 16 by obtaining a quote for liability insurance. The following is a summary of the efforts taken by the Underwriting Committee with regard to this application. Between September 2 and October 14, twelve markets were contacted with a formal submission for liability insurance. Eight markets declined on the basis of loss history. One market declined on the basis that they were not writing new County business and another market declined as they were only writing rural fire protection districts. American International Group referred this submission to MARINCO who quoted directly to the Terry Payne & Co. Agency on September 4, 1986. MARINCO'S quote utilized National Union Fire Insurance Company. Finally, the other market was Great American Surplus Lines, who quoted $335,000 for $850,000 limits over a $150,000 retention.

* On November 20, 1986, a letter was sent to the Terry Payne & Co. Agency from the Chairman of the Underwriters Committee, explaining that the Agents Committee and Underwriters Committees had successfully completed their duties in locating an available market for Missoula County.

* ACTION COMPLETED FOR THIS APPLICATION

McCONE COUNTY

This application for assistance in locating liability insurance for a political subdivision was received on August 6, 1986. Although the application appears to be qualified, the complete loss history was not included. The application was returned with a request for additional information. The agent submitting the application is Kathleen Kuntz of Montana Central Agency of Circle. McCone County's coverage expires September 3, 1986.

Agents Committee: On August 18, 1986, the loss history was provided and the application was sent to the Agents Committee, which will be represented by Bob Wuttke.

* On September 9, 1986, I called Bob Wuttke regarding McCone County's application. Bob stated that on August 26, 1986, he contacted the companies listed below, and that only USF&G had expressed an interest in writing this risk. Bob also stated that Kent McPhail of the Underwriters Committee was now dealing directly with the agent submitting the application.

Companies Contacted	Date	Response
Safeco	-------	--------
Maryland Casualty	-------	--------
Aetna	-------	--------
Great American	-------	--------
CNA	-------	--------
Northwestern National	-------	--------
United Pacific	-------	--------
AIG	-------	--------
Tudor	-------	--------
St. Paul Companies	8/26/86	No
USF&G	8/26/86	Yes
CIGNA	8/26/86	No
Travelers	8/26/86	No

* On October 9, 1986, Kent McPhail of the Underwriters Committee informed that USF&G had provided a quote of $20,135 to the agent submitting the application on October 1, 1986. Kent also informed that McCone County will have the option of self insuring themselves through the Montana Association of Counties which is working directly with the Penn Central Insurance Company.

* On October 24, 1986, a letter was sent to the Montana Central Agency of Circle from the Chairman of the Agents Committee, explaining that the Agents Committee has successfully completed its duties in locating an available market for McCone County.

* ACTION COMPLETED FOR THIS APPLICATION

ROOSEVELT COUNTY

This application for assistance in locating liability insurance for a political subdivision was received on August 12, 1986. Although the application appears to be qualified, the attached loss history did not appear to include losses for five full previous years. The application fee was deposited, and the agent submitting the application, Mike Cassidy of Cassco Insurance, Inc., indicated that the complete loss history would be sent immediately. Roosevelt County's coverage expires September 1, 1986.

Agents Committee: On August 21, 1986, the complete loss history was received. The application was sent to the Agents Committee on August 22, 1986, and Jim Smith will represent the Agents committee for this application.

Companies Contacted	Date	Response
USF&G	8/26/86	Will Consider
USF&G	9/02/86	No
St. Paul Companies	9/03/86	Will Consider

* On September 10, 1986, Jim Smith indicated that he had not heard from the St. Paul Companies to date.

* On October 10, 1986, Jim Smith indicated that the St. Paul Companies were close to reaching an acceptable premium bid, but they were waiting for approval from their home office regarding their quote, and hope to receive approval/denial within 10 to 14 working days.

* On October 28, 1986, Jim Smith informed me that St. Paul Fire and Marine had quoted and placed Roosevelt County at a premium of $104,000. This was a competitive quote given that the League of Cities and Towns had provided a quote of $140,000.

* On October 31, 1986, a letter was sent from the Agents Committee to Cassco Insurance Agency, explaining that the Agents Committee has successfully completed its duties in locating an available market for Roosevelt County.

* ACTION COMPLETED FOR THIS APPLICATION

LEWIS & CLARK COUNTY

Received the application on September 8, 1986. Although the application appears to be qualified, the ACORD form was not included in the original application submission. The application was returned to the submitting agent, Dave Bruck, with instructions to resubmit a complete application. Lewis and Clark County's coverage expires on October 1, 1986.

Agents Committee: On September 10, 1986, the complete application package for Lewis & Clark County was received, and Jim Paffhausen will represent the Agents Committee for this application.

Companies Contacted	Date	Response
Great American Surplus	10/06/86	Will Quote
St. Paul Fire & Marine	10/06/86	Will Quote

* On October 6, 1986, Jim Paffhausen indicated that he had submitted the Lewis & Clark County application to 9 other companies and that Great American Surplus and St. Paul Fire & Marine were the only 2 willing to quote this risk.

* On October 28, 1986, Jim Paffhausen's submitted Application Progress Report indicated that SAFECO had quoted this risk as of October 6, 1986, but the premium is unknown.

Companies Contacted	Date	Response
Safeco	10/06/86	Quoted
Maryland Casualty	--------	------
Aetna	--------	Unable to contact
Great American Surplus	10/06/86	Will Consider
Northwestern National	10/06/86	No
U.S.F. & G.	09/22/86	No
St. Paul Fire & Marine	10/06/86	Will Consider
United Pacific	09/23/86	No
Travelers	09/22/86	Will Consider
CIGNA	09/22/86	No
AIG	09/23/86	Unable to contact

* On October 31, 1986, a letter was sent to FBS/Montana International Insurance Agency from the Chairman of the Agents Committee, explaining that the Agents Committee has successfully completed its duties in locating an available market for Lewis & Clark County.

* On November 14, 1986, I contacted John Gettles of Safeco who informed me that he had NO application or file for Lewis & Clark County. THEREFORE, ACTION IS NOT COMPLETE ON THIS APPLICATION AND I RECOMMEND THAT THIS APPLICATION BE SUBMITTED TO THE UNDERWRITERS COMMITTEE ASAP.

Underwriters Committee: Application and all documentation pertaining to this application were sent to Ed Judge of the Underwriters Committee on November 21, 1986.

* On December 5, 1986, Kent McPhail informed me that he had instructed Ed Judge to send applications to Aetna Casualty, Great American Surplus Lines, CNA, U.S.F.& G., and St. Paul Companies.

SHERIDAN COUNTY

Received this application on September 10, 1986 from Ken Collins of the Kenneth D. Collins Agency in Plentywood, MT. The application appears to be complete and qualified, and is in the process of being sent to the Agents Committee.

Agents Committee: On September 12, 1986, the application was sent to the Agents Committee. Jim Smith will represent the Agents Committee for this application.

* On October 10, 1986, Jim Smith indicated that a progress report was on the way and that he had placed Sheridan County with USF&G on October 1, 1986

* On October 24, 1986, a letter was sent to the Kenneth D. Collins Agency from the Chairman of the Agents Committee, explaining that the Agents Committee had successfully completed its duties in locating an available market for Sheridan County. The letter incorrectly stated that the application had been placed with St. Paul Fire & Marine, at $104,000, through U.S.F. & G.

* On October 31, 1986, Jim Smith correctly informed me that the Sheridan County application had been accepted and bound, as of October 1, 1986, by U.S.F. & G, but that the premium was unknown. A letter of correction was sent to the Kenneth D. Collins Agency and U.S.F. & G. indicating that the Sheridan County application had been placed through U.S.F. & G. and not St. Paul Fire & Marine as previously stated in the letter of October 24, 1986. This letter indicates correctly that U.S.F. & G. accepted the risk and not St. Paul Fire & Marine. Therefore, the Agents Committee has successfully completed its duties in locating an available market for Sheridan County.

* ACTION COMPLETED FOR THIS APPLICATION

TOWN OF DARBY

This application for municipal liability was received on September 15, 1986, from the Connelly-Davis Agency in Darby. The application was initially returned to the submitting agent for completion of loss history, clarification of the expiration date, and an indication of the name of the surplus lines agent contacted regarding coverage. Completed information was received September 17, 1986. Coverage for the town of Darby expires on October 5, 1986.

Agents Committee: On September 19, 1986, this application was sent to the Agents Committee which will be represented by Bruce Mihelish.

* On September 22, 1986, Northwestern National was contacted and agreed to consider the application if they could write the entire package including property. Northwestern National also preferred that the application be brokered through one of their local agents. The submitting agent was contacted and advised to submit the application package to Fred Thomas of Northwestern National. The submitting agent was also advised that AIU may consider granting an extension.

* On October 9, 1986, Brian Connelly of the Connelly-Davis Agency sent the application package to Fred Thomas of the Fred Thomas Agency which represents Northwestern National. Northwestern National has bound coverage as of October 9, 1986, but is still awaiting authority of the binding agent. Fred Thomas will notify the MIAP as soon as coverage is confirmed. Brian Connelly also indicated that he felt he should receive 50% of the commission for his involvement in the application. Will discuss Brian's request with Bruce Mihelish since the MIAP legislation states that even though an agent does not represent a company, the agent should be able to approach the company in trying to secure insurance for a client and thus, should receive a percentage of the commission.

* On October 24, 1986, a letter was sent to Connelly-Davis Insurance Agency from the Chairman of the Agents Committee, explaining that the Agents Committee has successfully completed its duties in locating an available market for the Town of Darby.

* ACTION COMPLETED FOR THIS APPLICATION

GLACIER COUNTY

This application was received on September 16, 1986, from Tabby Tabaracci & Wells in Cut Bank, MT. Glacier County's coverage expires on October 6, 1986.

Agents Committee: On September 18, 1986, this application was sent to the Agents Committee, and Jim Paffhausen will represent the Agents Committee for this application.

Companies Contacted	Date	Response
Great American Surplus	10/06/86	Will Consider
St. Paul Fire & Marine	10/06/86	Will Consider
Safeco	10/06/86	Will Quote
Safeco	11/14/86	Declined
Maryland Casualty	--------	----------
Aetna	--------	Couldn't reach
CNA		
Northwestern National	10/06/86	No
U.S.F. & G.	09/22/86	No
United Pacific	09/23/86	No
Travelers	09/22/86	No
CIGNA	09/22/86	No
AIG	09/23/86	No

* On October 6, 1986, Jim Paffhausen indicated that he had discussed the Glacier County application with 9 other companies, but that these two companies were the only ones willing to consider this risk. Jim also indicated that his progress report would be sent to the MIAP office in the near future.

* On November 13, 1986, Jim Paffhausen called and informed me that Glacier County had been managed at the same time and in the same manner as Lewis & Clark County. This call was in response to my letter of November 7, 1986, requesting an application progress report for Glacier County. I then checked Jim's application progress report for Lewis & Clark County which indicated that Safeco had agreed to quote Lewis & Clark. I then called John Gettles of Safeco and John informed me of the following: 1) He had no application or file for Lewis & Clark County and 2) Safeco had AGREED TO CONSIDER Glacier County's application, but that on October 31, 1986 had decided to DECLINE quoting this risk. I RECOMMEND THAT THIS APPLICATION BE SUBMITTED TO THE UNDERWRITERS COMMITTEE AS SOON AS POSSIBLE.

Underwriters Committee: Application and all documentation pertaining to this application were sent to Kent McPhail, Chairman of the Underwriters Committee, on November 21, 1986.

* On December 5, 1986, Kent McPhail informed me that he had assigned John Korpela to represent the Underwriters Committee for this application. Kent advised John to send applications to Safeco, CIGNA, Maryland Casualty, AIG, and Tudor Insurance Companies.

* On December 29, 1986, John Korpela informed me that he had received the following responses to Glacier County's application for commercial liability assistance:

COMPANY	DATE CONTACTED	REPLY
Safeco	12/16/86	NO
CIGNA	12/16/86	Require an additional 60 days
Maryland Casualty	12/16/86	No Reply
AIG	12/16/86	No Reply
Tudor	12/16/86	No Reply

JOYCE STRACK

This application for Day Care Home liability insurance was received on September 17, 1986. The application was submitted by the Potten Insurance Agency in Stevensville, MT. The individual is opening a home day care facility and does not presently have coverage. An ACORD form was not included and the application was returned to the submitting agent. The agent was also given information about other markets currently available for day care facilities.

* On October 10, 1986, The submitting agent informed me that coverage will be placed with Scottsdale Insurance through the Montana Day Care Association effective on November 1, 1986.

* ACTION COMPLETED FOR THIS APPLICATION

GRAN TREE INN

This application for liquor liability was submitted by Tabby Tabaracci & Wells Agency in Cut Bank, MT. The application was received on September 19, 1986, and their insurance expired May 28, 1986

Agents Committee: The application was submitted to the Agents Committee on September 24, 1986. Gordon McManus will represent the Agents Committee for this application.

* On October 15, 1986, Gordon McManus informed me that he may have found a market for this application with National Casualty Company and will confirm the details as soon as possible

* On October 30, 1986, this office received the Application Progress Report for this application indicating that Glacier General Agency had agreed to quote this risk, on a monoline basis, at $3,000 for a $100,000 limit. Several other companies also indicated that they could provide a quote, but only as part of a complete package policy.

Companies Contacted	Date	Response
Safeco	10/01/86	Package Policy only
Maryland Casualty	10/27/86	No
Aetna	10/28/86	Package Policy only
American States	10/27/86	No
Firemen's Fund	10/27/86	Package Policy only
U.S.F. & G.	10/24/86	Package Policy only
St. Paul Fire & Marine	10/01/86	Package policy only
Casualty Indemnity	10/01/86	Quoted through Glacier General

* On October 31, 1986, a letter was sent to the Tabaracci & Wells Insurance Agency from the Chairman of the Agents Committee, explaining that the Agents Committee has successfully completed its duties in locating an available market for the Gran Tree Inn.

* ACTION COMPLETED FOR THIS APPLICATION

MUSSELSHELL COUNTY

This application for political subdivision liability insurance was received on October 16, 1986, from the Roundup General Agency with Linda Blessing the submitting agent of record. Musselshell County's insurance expires January 24, 1987.

Agents Committee: This application was submitted to the Agents Committee October 22, 1986. This application was assigned to Bob Wuttke and will represent the Agents Committee for this application.

* On December 5, 1986, Bob Wuttke informed me that he had submitted this application to several companies, but that only Marinco through AIG was willing to consider looking at this liability application. Bob felt that we are ahead of the ballgame for this application since their insurance does not expire until January 24, 1987, and that we should be able to place the applicant by that date.

* On December 9, 1986, John Gettles informed me that Safeco had received the Musselshell Application from Bob Wuttke and that Safeco is willing to inspect this risk, but is requesting additional information from the applicant before a quote will be considered.

* On December 29, 1986, Bob Wuttke informed me that Safeco has decided to quote Musselshell County, but that he has not received a premium quote to date. Bob also indicated that Marinco, through AIG, would be willing to consider quoting this risk, but is requesting additional information before completing their risk analysis. Once again, we are well ahead of the January 24, 1987 insurance expiration date.

POWELL COUNTY

This application for political subdivision liability insurance was received October 17, 1986, from the Solle-Shaw Agency of Deer Lodge with Diane Solle as the agent of record. Powell County's insurance expires December 3, 1986.

Agents Committee: This application was submitted to the Agents Committee October 22, 1986. This application was assigned to Gordon McManus and will represent the Agents Committee for this application.

* On November 14, 1986, Gordon McManus's assistant Colleen Holzheimer informed me of the following: St. Paul is willing to consider this risk through Penn Co General Insurance. Penn Co General has provided quotes of $85,000 and $130,000 depending upon Powell County's ability to meet the following requirements:

A) Completion of liability application for Penn Co General
B) Loss ratio for past 5 years must be low and look good on a overall basis.
C) Powell County must submit a profit/loss statement for the past 5 years.
D) Powell County must make a solid case for their previous pollution loss of $133,000 in 1982 from weed spraying.
E) Policy will exclude any law enforcement liability as well as a pollution exclusion.
F) Diane Solle, the submitting agent for this application, must call St. Paul Fire and Marine of Great Falls; at P.O. Box 3149, Great Falls, Montana, 59403; with Darryl Albrecht representing St. Paul Fire & Marine.
G) All quotes and premiums will be based upon the new ISO rates.

* On December 5, 1986, I contacted Diane Solle the submitting agent for this application. Diane informed me that she had contacted Darryl and submitted all information as requested by St. Paul Fire and Marine. Diane stated that it will still be the first of the year before Powell County obtains liability coverage, although their insurance expired on December 3, 1986.

* On December 8, 1986, I contacted Gordon McManus's assistant, Colleen Holzheimer, who informed me that she would follow up on this application with Darryl Albrecht of St. Paul Fire and Marine to clarify the time delay in securing Powell County's liability coverage as soon as possible. Although Darryl has received all the information requested, there is a time lag between reviewing the material the week of December 8-12 and underwriting the policy the first of the year. I informed

Colleen that this time lag concerned me for 2 reasons: 1) Why the 4-5 week lapse of time between reviewing the application and underwriting the policy, and 2) If something should transpire between now and the first of the year that should jeopardize Powell County's application, then we have wasted four to five weeks in which we could be actively pursuing other avenues to secure liability coverage for Powell County.

* On December 19, 1986, Colleen Holzheimer informed me that St. Paul Fire & Marine is still working with the submitting agent, Solle-Shaw Agency, to work out an acceptable insurance package for both parties involved.

FLATHEAD COUNTY

This application for assistance in locating liability insurance for a political subdivision was received on October 21, 1986. Although the application appears to be qualified, a complete loss history was not included. I spoke with Tom Stout, the submitting agent, of the Time Insurance Agency and he indicated that a complete five year loss history would be sent as soon as possible. I told Tom that until the loss history is received the application will be put in a suspend file. Flathead County's insurance coverage has been expired since July 5, 1985.

Agents Committee: On October 27, 1986, the complete application package for Flathead County was sent to the Agents Committee. Bruce Mihelish will represent the Agents Committee for this application.

Companies Contacted	Date	Response
Safeco	10/29/86	Will Consider
Maryland Casualty	10/29/86	No
Aetna	10/29/86	Won't return call
Great American Surplus	10/29/86	Won't return call
CNA Insurance	10/29/86	Won't return call
Northwestern National	10/29/86	No
U.S.F. & G.	10/29/86	Will Quote
St. Paul Fire & Marine	10/29/86	No
United Pacific	10/29/86	No
Travelers	10/29/86	No
CIGNA	10/29/86	No
AIG	10/29/86	Won't return call
Tudor Insurance	--------	Didn't contact

* On November 5, 1986, I received Bruce Mihelish's Application Progress Report. The report stated that U.S.F. & G. would quote this risk since they already write the property and auto insurance.

* On November 6, 1986, Bruce Mihelish informed me that U.S.F. & G., per Kent McPhail, had decided not to write the Flathead County application and that I should suspend the file for 5 working days while waiting to see if Safeco would now consider quoting this risk.

* On November 26, 1986, I contacted John Gettles of Safeco to determine if Safeco was willing to consider this applicant's liability insurance coverage. John informed me that he had received no information regarding this application.

* On December 5, 1986, I contacted both Bruce Mihelish and Kent McPhail regarding this application. After discussing this application at great length with both Bruce and Kent, it is quite apparent that there was a lack of communication between the two of them, with both parties making assumptions as to what actions the other party was going to initiate with regard to the application. In the interim, NO action has been taken with regard to the application. I also contacted the submitting agent, Tom Stout, to inform him of the status of his application. Tom was very upset by our lack of coordination within the plan and the complete lack of progress regarding his applicant's liability insurance needs. I assured Tom that we would take what ever corrective actions are necessary to clear the air as well completing our responsibilities with regard to this application.

* On December 8, 1986I contacted Tom Stout, the submitting agent of record, and informed Tom that Safeco was willing to consider this application, but only on a package basis. I informed Tom that he should put together the package policy and submit it to John Gettles of Safeco. I also indicated that I would inform John of this application and present him with the general liability application from the MIAP on December 9, 1986.

* On December 12, 1986, Bruce Mihelish, Chairman of the Agents Committee, informed me that U.S.F.& G. is reconsidering Flathead County as of today.

CITY OF LEWISTOWN

This application for assistance in locating liability insurance for a political subdivision was received on October 20, 1986. Although the application appears to be qualified, a loss history for only four and one-half years was included. I contacted Tom Rademaker, the submitting agent, of Rademaker Agency and Tom indicated that the City of Lewistown had no losses for the other 6 months, but that he would submit a complete 5 year loss history. Tom also indicated that the property portion of the policy was also up for bids. The City of Lewistown's insurance coverage expires September 1, 1986.

Agents Committee: On October 24, 1986, the application was sent to the Agents Committee. Jim Paffhausen has been assigned to represent the Agents Committee for this application.

* On December 8, 1986, Jim Paffhausen informed me that he had contacted all 12 companies listed on the Application Progress Report. Of those 12 companies, the following 3 indicated that they were at least willing to consider the risk application: Safeco - will consider, St. Paul - will consider but will be unable to quote until February, and the Travelers - will consider but will be 3 to 4 weeks until they can provide a quote. I advised Jim to send the application on to these 3 companies and to continue investigating other market alternatives.

* On December 9, 1986, members of the Underwriters committee informed me that the time lags that are occurring in receiving a quote from companies, regarding an applicant, is due to the fact that most companies require 30-60 days in order to perform a loss control and risk analysis. Also noted was the fact that many of the Plan's applications are often received 10 days before the applicant's insurance expires or after their insurance has already expired. Also, it is nearing the end of the fiscal year for most insurance companies, so many have closed their 1986 book of business.

CITY OF KALISPELL

This application for assistance in locating liability insurance for a political subdivision was received on October 23, 1986, and submitted by the Time Insurance Agency with Tom Stout the submitting agent. The application appears to be complete and qualified, and the correct application fee was submitted. The City of Kalispell's insurance coverage expires July 1, 1986.

Agents Committee: This application was submitted to the Agents Committee on October 27, 1986. This application was assigned to Jim Smith and will represent the Agents Committee for this application.

* On December 10, 1986, Jim Smith informed me that the City of Kalispell was placed through St. Paul Fire and Marine effective November 3, 1986. Jim also indicated that the submitting agent, Tom Stout, had located this market outside of the MIAP and that St. Paul Fire & Marine had agreed to underwrite the entire package of auto, property, and general liability insurance needs.

* On December 10, 1986, a letter was sent to the Time Insurance Agency from the Chairman of the Agents Committee, explaining that the Agents Committee has successfully completed its duties in locating an available market for the City of Kalispell.

* ACTION COMPLETED FOR THIS APPLICATION

PRAIRIE COUNTY

This application for political subdivision liability insurance was received on November 6, 1986, from the Clark Insurance Agency with Dale Hellman the submitting agent of record. Prairie County's insurance expires December 1, 1986. This application appears to be complete and qualified and the correct application fee has been received.

Agents Committee: This application was submitted to the Agents Committee November 12, 1986. This application was assigned to Gordon McManus and he will represent the Agents Committee for this application.

* On December 8, 1986, Gordon McManus's assistant Colleen Holzheimer informed me that U.S.F. & G. had agreed to underwrite Prairie County's general liability policy as well as their auto and property policies. Prairie County has been covered by U.S.F.& G. for the past 15 years.

* On December 9, 1986, Kent McPhail of U.S.F. & G. informed me that U.S.F.& G. HAD NOT AGREED to underwrite this risk, but had only agreed to begin inspection of the risk. Kent also indicated that he has informed the submitting agent, Dale Hellman, that U.S.F.& G. would begin inspection of this application.

* On December 19, 1986, Colleen Holzheimer informed me that U.S.F. & G. is still working with the submitting agent, Dale Hellman, in assessing this risk's application for commercial liability insurance.

LINCOLN COUNTY

This application for political subdivision liability insurance was received on November 7, 1986, from the Thomas J. Wood Insurance Agency with Tom Wood the submitting agent of record. Lincoln County's insurance expires December 4, 1986. This application appears to be complete and qualified and the correct application fee has been received.

Agents Committee: This application was submitted to the Agents Committee on November 12, 1986. This application was assigned to Bob Wuttke who will represent the Agents Committee for this application.

* On December 5, 1986, Bob Wuttke informed me that the submitting agent, Tom Wood, had placed Lincoln County with the Employers Insurance Company as of December 4, 1986. Tom informed me that the premium quoted was $, . The submitting agent found liability coverage on his own without the assistance of Bob Wuttke.

* On December 11, 1986, a letter was sent to the Thomas J. Wood Agency from the Chairman of the Agents Committee, explaining that the Agents Committee has successfully completed its duties in locating an available market for Lincoln County.

* ACTION COMPLETED FOR THIS APPLICATION

APPENDIX #27

MONTANA INSURANCE ASSISTANCE PLAN

Status Summary

November 28, 1986

APPLICATIONS

Total Received	29
Total Qualified, Complete	21
Total Unqualified	4
Total Incomplete	1
Total Withdrawn	3
Total sent to Agents Committee	21
Total extensions of coverage	2
Total sent to Underwriters Committee	4
Total Pending	8

QUOTATIONS

Total number of quotations	12

INQUIRIES

Total number of inquiries	111
Requests for general information	43
Liability for Day Care	10
Directors/Officers Liability	11
Political Subdivision Liability	18
Liability for Asbestos Removal	1
Liability for Battered Women's & Children's Shelters	1
Liability for Irrigation District	1
Liability for Contractors & Welders	1

Liability for Medical Supply Store. 1
Liability for Oil Field Maintenance Workers 5
Liquor Liability. 3
Liability for Cranes. 1
Product Liability 1
Liability for Indian Tribes 2
Liability for Outfitters & Guides 4
Liability for Water Districts 4
Liability for Chemical Processing Co. 1
Liability for Commercial Auto 2
Liability for Concessionaire. 1
Liability for Logging Trucks. 1
Liability for Car Lot 1
Liability for Tire Sales & Recapping. 1
Liability for Fire Equipment Tester 1
Liability for Medical Malpractice 1
Liability for Bulk Plants 1
Liability for House Movers. 1
Liability for Vocational Colleges 1

MONTANA INSURANCE ASSISTANCE PLAN

SUMMARY COMPANY PARTICIPATION RATIO REPORT

November 25, 1986

DEFINITIONS

Company Participation Ratio - Is the ratio of quotes to submissions, defined mathematically as Q/S.

Submission - A company is contacted (verbally or in writing) by an Agents Committee representative requesting the company to quote or decline the risk. However, the company is under no obligation to quote the risk and is not penalized for declination, but is credited for a quote.

A company may also be contacted by the Underwriters Committee representative requesting the company to quote or decline the risk. At this point, the company is required by House Bill 16 to quote on 1 out of 5 submissions and is credited for a quote, but penalized for a declination.

Quote - The company contacted has provided a dollar ($) premium required to secure insurance coverage, for the MIAP applicant, to the Agents or Underwriters Committee representative.

EXAMPLE:

Safeco has been submitted 5 MIAP applications by the Agents Committee representative(s) and quoted 2. Their participation ratio is 2 for 2 or 100%. Safeco has also been submitted 2 MIAP applications by the Underwriters Committee and quoted 1. Their participation ratio is 1 for 2 or 50%. By combining these figures, submissions 4 and quotes 3, Safeco's PARTICIPATION RATIO is 3 for 4 or 75%.

Ratios of Participation

	COMPANY	COMBINED QUOTES	COMBINED SUBMISSIONS	RATIO
1.	Safeco	2	3	66.6%
2.	Maryland Casualty	0	2	0.0%
3.	Aetna Casualty	0	2	0.0%
4.	Great American Surplus	1	2	50.0%
5.	CNA Insurance Co.	0	2	0.0%

6.	Northwestern National	1	3	33.3%
7.	U.S.F. & G.	3	3	100.0%
8.	St. Paul Fire & Marine	2	3	66.6%
9.	United Pacific	0	1	0.0%
10.	Travelers	0	1	0.0%
11.	CIGNA	0	1	0.0%
12.	AIG	1	1	100.0%
13.	Tudor	0	1	0.0%
14.	Sentinel General	0	0	0.0%
15.	American States	0	0	0.0%
16.	Firemen's Fund	0	0	0.0%
17.	Casualty Indemnity	1	1	100.0%

Montana Insurance Assistance Plan

AGENTS COMMITTEE

Quote Summary

December 10, 1986

	Company	Quotes	Submissions
1.	Safeco	2	7
2.	Maryland Casualty	0	3
3.	Aetna Casualty and Surety	0	3
4.	Great American Surplus Lines	0	2
5.	CNA Insurance Companies	0	1
6.	Northwestern National Ins.	2	7
7.	USF&G	3	10
8.	St. Paul Fire and Marine	2	10
9.	United Pacific	0	5
10.	Travelers	0	6
11.	CIGNA Companies	0	5
12.	American International Group	0	4
13.	Sentinel General	0	1

DEFINITIONS:

SUBMISSION - The company has been contacted (verbally or in writing) by an Agents Committee member requesting the company to provide a premium quote for the MIAP applicant. However, the company is under no obligation, as provided for in House Bill 16, to provide a quote for the MIAP applicant if said company does not believe that the applicant meets its underwriting standards and guidelines.

QUOTE - The company contacted has provided a dollar ($) premium required to secure insurance coverage, for the MIAP applicant, to the Agents Committee representative.

*NOTE: A company is under no obligation to provide a quote, for any MIAP applicant, to the Agents Committee representative at this stage. Submissions at this point do not count against the company, but quotes do count for the company and indicate that the company is attempting to participate and act in "good faith" with the Montana Insurance Assistance Plan (MIAP) as defined in House Bill 16 and the MIAP Plan of Operations, Section F.

Montana Insurance Assistance Plan

UNDERWRITERS COMMITTEE

December 10, 1986

Quote Summary

	Company	Quotes	Submissions
1.	Safeco	1	2
2.	Maryland Casualty	1	2
3.	Aetna Casualty and Surety	0	2
4.	Great American Surplus Lines	1	2
5.	CNA Insurance Companies	0	2
6.	Northwestern National Ins.	0	1
7.	USF&G	0	1
8.	St. Paul Fire and Marine	0	1
9.	United Pacific	0	1
10.	Travelers	0	1
11.	CIGNA Companies	0	1
12.	American International Group	1	1
13.	Tudor Insurance	0	1

DEFINITIONS:

SUBMISSION - The Company has been contacted by an Underwriters Committee member and requested to provide a premium quote for the MIAP applicant. Each company is expected by House Bill 16 and the MIAP Plan of Operations to " Quote on at least 1 out of every 5 applications received from the Underwriters Committee".

QUOTE - The company contacted has provided a dollar($) premium required to secure insurance coverage, for the MIAP applicant, to the Underwriter's Committee representative.

*NOTE: Each submission and quote at this stage does count against or for the company in determining if the company has acted in "good faith" and has complied with House Bill 16 by "....quoting on at least 1 out of every 5 applications".

EXAMPLE:
A company is submitted 5 applications from the Agents Committee and quotes 1 application. The company is 1 for 1 and has a 100% participation ratio. The company is also submitted 2 applications by the Underwriters Committee and quotes on 1 application. The company is now 2 for 3 and has a participation ratio of 66%.

APPENDIX #28

MONTANA INSURANCE ASSISTANCE PLAN

November 21, 1986

MIAP Participants Written Premiums % Report

This report is a supplement to the MIAP Participant/Waiver Request Report and provides a breakdown of the percentage of premiums written in the Commercial Multi-Peril and General Liability Insurance lines by those companies who have agreed to participate in the Plan. These two insurance categories, Commercial Multi-Peril and General Liability, are the categories into which the Montana Insurance Assistance Plan's lines of insurance assistance would be classified. Also included is a breakdown of the top ten premium writers in each category and whether they have agreed to participate in the plan or not.

COMPANY NAME	CMP Premium	CMP %	GL Premium	GL %
ADMIRAL*	190,522	3.23%		
AETNA C & S	511,000	1.3	490,000	1.9
AETNA FIRE	191,000	.5		
AGRI. INS.	29,000	.1	1,000	.01
AIU	1,212,000	2.9	16,000	.1
ALASKA PACIF	Licensed but not writing premiums at present			
ALLIANCE INS.	Licensed but not writing premiums at present			
ALLSTATE INDEM	0	0	0	0
ALLSTATE INS.	287,000	.7	58,000	.23
AM. ALLIANCE	327,000	.8	3,000	.02
AM. CAS PENN	50,000	.2	133,000	.51
AM. HOME ASSOC.	51,000	.2	158,000	.61
AM. NAT. FIRE	222,000	.6	103,000	.40
AM. STATES	210,000	.5	388,000	1.49
ASSOC. OF AMER	0	0	0	0

ATHENA			6,000	.03
AUSTIN MUT.			18,000	.07
BANKERS STD.	28,000	.1		
CAS. IND. EX.*	Licensed but writing no premiums at present			
CENT. INDEM.	1,000	.01	91,000	.35
CIGNA	51,000	.2	73,000	.28
CLARENDON	Licensed as Cavalier but writing no premiums			
CNA*	Licensed but writing no premiums at present			
COLONY*	Licensed but writing no premiums at present			
CONT. CAS.	197,000	.5	759,000	2.91
CUMIS	115,000	.3	1,000	.01
EMPIRE F&M	2,000	.01	28,000	.11
EMCASCO			27,000	.11
EQUITY GEN.*	27,782	.47%		
ESSEX*	7,010	.12%		
FARMERS ALLI.	36,000	.1	64,000	.25
FED. SERV.	207,000	.5	360,000	1.38
FIDEL.& DEP	4,000	.01	4,000	.02
FIREMANS FD.	1,240,000	3.0	330,000	1.27
FOREMOST	3,000	.01	45,000	.18
FRONTIER	0	0	2,000	.0077
GEN. ACC. AM.			52,000	.2
GRANGE	4,000	.01	14,000	.06
GRT. AM. INS.	46,000	.1	28,000	.11
GRT. AM. SURP.*	58,382	.99%		
GRT. WEST CAS.			59,000	.23
HRTFRD A & I	217,000	.6	831,000	3.19
HOME	4,952,000	11.8	1,284,000	4.92

INDEM. INS. AM				
INS. CO N.AM.	3,195,000	7.6	320,000	1.23
INTEGRITY			97,000	.38
LIBERTY	Licensed but writing no premiums at present			
MARYLAND CAS	46,000	.1	9,000	.04
MIDDLESEX	Licensed but writing no premiums at present			
MN.TRUST*	4,813	.08%		
MTR. VEH. CAS.	Licensed but writing no premiums at present			
NATILUS*	Licensed but writing no premiums at present			
NAT. CAS. CO.	175,000	.5	456,000	1.75
NAT. FIRE HRTFRD			25,000	.1
NRTHN.INS.	46,000	.1	2,000	.01
NW NAT.	645,000	1.6	424,000	1.63
OCCIDENTAL	9,000	.1	4,000	.02
PAC. EMPLRS	933,000	2.3	174,000	.67
PENN-AMERICA*	Licensed but writing no premiums at present			
PHICO			41,000	.16
PROGS. CAS	Licensed but writing no premiums at present			
PRTCTN MUT	Licensed but writing no premiums at present			
PROTECT INS.			4,000	.02
RAMSEY	Licensed but writing no premiums at present			
RANGER	273,000	.7	68,000	.26
ROYAL	278,000	.7	52,000	.20
SAFECO	1,173,000	2.8	224,000	.86
SEABOARD			6,000	.03
SENTRY	42,000	.1	10,000	.04
ST. PAUL	708,000	1.7	1,296,000	4.97
STATE FARM	2,278,000	5.5	387,000	1.49

TRANSCONT			1,000	.01
TRANSPORT	106,000	.3	354,000	1.36
TRAVELERS	589,000	1.4	819,000	3.14
TUDOR*	161,000	2.73%		
ULICO	Licensed but writing no premiums at present			
UNITED NAT.*	Licensed but writing no premiums at present			
UNTED PACIF	577,000	1.4	136,000	.52
USF&G	1,406,000	3.4	3,764,000	14.42
VALIANT	Licensed but writing no premiums at present			
VALLEY FORGE	1,000	.0024	0	0
WILSHIRE	Licensed but writing no premiums at present			
YUKON*	178	.003%		
TOTALS	21,910,043	62.49%	14,081,000	54.16%

Total Commercial Multi-Peril 1985 Premiums Written $42,105,000
Total General Liability 1985 Premiums Written $26,116,000
*Total Surplus Lines 1985 Premiums Written $ 5,893,457

*Designates Surplus Lines Companies agreeing to participate in the Montana Insurance Assistance Plan.

1985 Top Ten Commercial Multi-Peril Underwriters

1.	Home	$4,952,000	11.77%	Participant
2.	Ins. of North America	$3,195,000	7.59%	Participant
3.	State Farm Fire & Cas	$2,278,000	5.41%	Participant
4.	Fidelity & Guar. Underwr*	$1,506,000	3.58%	No Reply
5.	National Surety Corp.*	$1,411,000	3.36%	No Reply
6.	USFG	$1,406,000	3.34%	Participant
7.	New Hampshire	$1,395,000	3.32%	No Reply
8.	Firemans Fund	$1,240,000	2.95%	Participant
9.	AIU	$1,212,000	2.88%	Participant
10.	SAFECO	$1,173,000	2.79%	Participant

1985 Top Ten General Liability Underwriters

1.	USFG	$3,764,000	14.42%	Participant
2.	National Union Fire	$1,385,000	5.31%	Insolvent
3.	St. Paul Fire & Marine	$1,296,000	4.97%	Participant
4.	Home	$1,284,000	4.92%	Participant

STATE FARM	2,278,000	5.5	387,000	1.49
TRANSCONT			1,000	.01
TRANSPORT	106,000	.3	354,000	1.36
TRAVELERS	589,000	1.4	819,000	3.14
TUDOR*	161,000	2.73%		
ULICO	Licensed but writing no premiums at present			
UNITED NAT.*	Licensed but writing no premiums at present			
UNTED PACIF	577,000	1.4	136,000	.52
USF&G	1,406,000	3.4	3,764,000	14.42
VALIANT	Licensed but writing no premiums at present			
VALLEY FORGE	1,000	.0024	0	0
WILSHIRE	Licensed but writing no premiums at present			
YUKON*	178	.003%		
TOTALS	21,910,043	62.49%	14,081,000	54.16%

Total Commercial Multi-Peril 1985 Premiums Written $42,105,000
Total General Liability 1985 Premiums Written $26,116,000
*Total Surplus Lines 1985 Premiums Written $ 5,893,457

*Designates Surplus Lines Companies agreeing to participate in the Montana Insurance Assistance Plan.

1985 Top Ten Commercial Multi-Peril Underwriters

1.	Home	$4,952,000	11.77%	Participant
2.	Ins. of North America	$3,195,000	7.59%	Participant
3.	State Farm Fire & Cas	$2,278,000	5.41%	Participant
4.	Fidelity & Guar. Underwr*	$1,506,000	3.58%	No Reply
5.	National Surety Corp.*	$1,411,000	3.36%	No Reply
6.	USFG	$1,406,000	3.34%	Participant
7.	New Hampshire	$1,395,000	3.32%	No Reply
8.	Firemans Fund	$1,240,000	2.95%	Participant
9.	AIU	$1,212,000	2.88%	Participant
10.	SAFECO	$1,173,000	2.79%	Participant

1985 Top Ten General Liability Underwriters

1.	USFG	$3,764,000	14.42%	Participant
2.	National Union Fire	$1,385,000	5.31%	Insolvent
3.	St. Paul Fire & Marine	$1,296,000	4.97%	Participant
4.	Home	$1,284,000	4.92%	Participant

5.	Mission National	$ 997,000	3.82%	Insolvent
6.	Hartford Accident & Indem	$ 831,000	3.19%	Participant
7.	Travelers Indemnity	$ 819,000	3.14%	Participant
8.	Continental Casualty	$ 759,000	2.91%	Participant
9.	Forum Ins. Co.	$ 534,000	2.05%	No Reply
10.	Aetna Casualty & Surety	$ 490,000	1.88%	Participant

APPENDIX #29

MONTANA INSURANCE ASSISTANCE PLAN

Non-Participants Written Premiums %'s Report

November 24, 1986

COMPANY NAME	CMP PREMIUM	CMP %	GL PREMIUM	GL %
ACCELERATION	Licensed but inactive			
AFFILIATED FM	10,000	.03		
AGRICULTURAL	29,000	.07	1,000	.01
AID	Inactive			
ALBANY-ATLAS	5,000	.02		
ALSKA NATIONAL	Licensed but inactive			
ALLENDALE	Licensed but inactive			
ALLIANZ	Licensed but inactive			
ALLIED FIDELITY	1,000	.01	1,000	.01
ALLIED GROUP	Inactive			
ALL NATION	Licensed but inactive			
ALLSTATE	287,000	.69	58,000	.23
AM. AMBASSADOR	Licensed but inactive			
AM. BANKERS	Licensed but inactive			
AM. BONDING	Not Licensed			
AM. CONTINENT	Personal lines			
AM. CREDIT INDEM.	Licensed but inactive			
AM. DRUGGISTS	Company in rehabilitation			
AM. EMPIRE	Inactive			
AM. EUROPE. REINS.	Reinsurance			
AM. EXCEL	Inactive			

AM. FIDELITY	Licensed but inactive			
AM. HAIL	Licensed but inactive			
AM. HARDWARE	206,000	.5	32,000	.13
AM. INDEM.	Not Licensed			
AM. INDEP. REINS.	Reinsurance			
AM. INTEGRITY	Accident & Health only			
AM. LIVESTOCK	Licensed but inactive			
AM. NAT. P&C	Not Licensed			
AM. REINSUR.	Reinsurance			
AM. ROAD INSUR.	67,000	.26		
AM. SECUR. INS.	P&C for financial institutions			
AM. TITLE INS.	Title insurance			
AM. UNIVERSAL	8,000	.02		
AMERISURE	Licensed but inactive			
AMICA	Personal lines			
APPALACIAN	Personal lines			
ARGONAUT			4,000	.02
ARKWRIGHT	Not licensed			
ARMED FORCES	Personal lines			
ASSOCIATES	Licensed but inactive			
ASSOC. INTRNATL	Reinsurance			
ATLANTA INTERNATL	28,000	.07	7,000	.03
ATLANTIC CO'S	48,000	.12	9,000	.04
AUTO. CLUB	Personal lines			
BALBOA	28,000	.1	1,000	.01
BCS	Licensed but inactive			
BNKERS MULT. LINE	Licensed but inactive			
BNKERS & SHIPPERS	Reorganizing under Travelers			

BITUMINOUS			2,000	.01
BELVEDERE	Reinsurance			
BOND INVESTORS	Securities insurance			
CANADIAN INS. CO.	Not Licensed			
CAPITAL INDEMNITY	940,000	2.24	157,000	.61
CELINA MUTUAL	Licensed but inactive			
CHEROKEE	Rehabilitation			
CNTRL INS. CO.	Inactive			
CENTRAL NATL			137,000	.53
CTRL. STATES INDEM.	Credit insurance			
CHICAGO TITLE	Title insurance			
CHRYSLER	Personal lines			
CHUBB	Inactive			
CINCINNATI INS.	Not Licensed			
CIM INS. CORP.	Personal lines			
COLONIAL OF CA.	Licensed but inactive			
COLONIAL PENN	32,000	.08	63,000	.25
COMM. LOAN INS.	Mortgage insurance			
COMM. UNION	302,000	.72	53,000	.21
COMPASS INS.	In "run-off" status			
CONCORDE	Inactive			
CONSUMERS INDEM.	Lack experience			
CONT. SURETY	Surety bonds			
CONT. WESTERN	Licensed but inactive			
CONT. BONDING	Surety Bonds			
CONNECTICUT GEN.	Inactive			
COPENHAGEN	Reinsurance			

CREDIT GEN.	Licensed but inactive			
CRITERION CAS.	Personal lines			
CROWN AMERICA	Licensed but inactive			
CUMIS	115,000	.3	1,000	.01
DEPENDABLE			15,000	.21
DOCTORS'	Medical liability			
EAST. INDEM. OF MD	Liquidated			
ELECT. MUTUAL	Licensed but inactive			
EMPIRE CAS.	Licensed but inactive			
EMPLOYERS CAS.	Licensed but inactive			
EMPLOYERS REINS	Reinsurance			
ENGLISH & AMER	Licensed but inactive			
EQUIT. GEN. OF OK	Surplus lines but writing no premiums			
EXCESS INS.	Mail unforwardable			
FAIRMONT	Licensed but inactive			
FARMERS UNION MUT.	Licensed but inactive			
FEDERATED INS.	Inactive			
FED. KEMPER	Not licensed			
FED. RURAL ELECT.	Write only electric co-ops			
FINANCIAL BNFITS	Reinsurance			
FINAN. INDEM.	Licensed but inactive			
FIRST EXCESS	Reinsurance			
FIRST GEN. INS.	Licensed but inactive			
FIRST HORIZON	Reinsurance			
FIRST STATE	Licensed but inactive			
FLRDA INTERNAT.	Licensed but inactive			
FOLKSAMERICA	Licensed but inactive			
FOREMOST	3,000	.01	45,000	.18

FREMONT INDEMNITY	144,000	.35	82,000	.32
GAINSCO	Inactive			
GEN. ACC. INS.			52,000	.20
GEICO	Personal lines			
GEN. ELECT.	Mortgage			
GEN. REINS.	Reinsurance			
GENERALI	Personal lines			
GERLING AMERICA	Inactive in Montana			
GIBRALTER	Inactive			
GRT. ATLANTIC	Mail unforwardable			
GRT. SOUTHWEST	10,000	.03	84,000	.33
GTRER NY MUTUAL	Not licensed			
GUARANTY NATIONAL	35,000	.09	41,000	.16
GULF			32,000	.13
HAWKEYE-SECURITY	Inactive			
HARCO			2,000	.01
HRTFRD STEAMBOIL	Licensed but inactive			
HERITAGE INDEMNITY	Licensed but inactive			
HIGHLANDS INS.			42,000	.10
HOME & AUTO	Licensed but inactive			
HORACE MANN	5,000	.02	2,000	.01
INDUST. INDEM.	549,000	1.31	214,000	.82
IMPERIAL CAS.			185,000	.71
INTEGRAL	Personal lines			
INTERSTATE INS. GRP	Licensed but inactive			
INS. CORP OF AMER	Medical liability			
INS. CORP.OF HAN	Reinsurance			

INS. CO. OF MD	Personal lines			
INA REINSURANCE	Reinsurance			
INLAND INS. CO.	Surety			
INS. CO. PRAIRIE	Licensed but inactive			
INTRCNTL INS. CO.	Workers' Compensation			
INTRNATL SERVICE	Personal lines			
ITT LYNDON	Licensed but inactive			
IOWA MUTUAL	468,000	1.12	179,000	.69
JC PENNEY	Inactive			
JOHN HANCOCK	Personal lines			
JEFFERSON INS.	203,000	.49	137,000	.53
JEWELERS MUT.	Jewelry			
JOHN ALDEN INS.	Not licensed			
KENTUCKY CENTRAL	Inactive			
KEMPER	Licensed but inactive			
LANCER	Licensed but inactive			
LAWYERS TITLE	Title			
LEGION INS.	Personal lines			
LINCOLN NAT.	Personal lines			
LUMBERMANS UND. ALL	Personal lines			
MASS. PLATE GLASS	Plate glass			
MEAD	Reinsurance			
METROPOLITAN	Personal lines			
MIC GEN. INS.	Inactive			
MIC P&C INS.	3,000	.01	92,000	.36
MID-CONTINENT	Inactive			
MIDWEST MUT. INS.	2,000	.01	1,000	.01
MILBANK	78,000	.19	55,000	.21

MILLERS GROUP	200,000	.48	197,000	.76
MILLERS-ILLINOIS			174,000	.67
MINNEHOMA	Licensed but inactive			
MINISTER INS. CO.	Inactive			
MONTGOMERY WARD	Personal lines			
MORTGAGE GUARTY	Mortgage			
MTR. CLUB AMERICA	Personal lines			
MTRS INS. CORP.	Personal lines			
MT. HAWLEY	Inactive			
MUT. PROTECTIVE	Accident & Health			
MUT. SERVICE	Licensed but inactive			
MOUNT. WEST FARM	142,000	.34	65,000	.25
NAT. ATTORNEYS	Title			
NAT. BONDING	Bonding			
NAT. EXCESS INS.	Personal lines			
NAT. FARMERS UNION	433,000	1.03	409,000	1.57
NAT. GEN. INS.	4,000	.01		
NAT. PROPERTY OWN	Inactive			
NATIONWIDE	80,000	.19	27,000	.11
NEW ENGLAND INS.	Personal lines			
N. AMERICA REINSUR	Reinsurance			
N. AMERICAN CO.	Licensed but inactive			
N. EAST INS.	Licensed but inactive			
N. PACIFIC INS.	Not licensed			
NORTHLAND	Personal lines			
OHIO CAS.	Licensed but inactive			
OHIO HOSPITAL	Inactive			

OMAHA INDEMNITY	Licensed but inactive			
OMAHA P&C	Licensed but inactive			
ORION	Licensed but inactive			
PACIFIC MARINE	Workers' compensation			
PAXTON NAT.	8,000	.02	62,000	.24
PENN. NAT. INS.				
PETROLEUM CAS.	Workers' compensation			
PHOENIX ASSURANCE	Reinsurance			
PHOENIX OF LNDN	Reorganization			
PINE TOP	32,000	.08	45,000	.18
PMA	Inactive			
PMI	Mortgage			
POLARIS	Personal lines			
PREFERRED RISK	90,000	.22		
PRIN. CAS. INS.	Personal lines			
PROGRESSIVE CAS.	Inactive			
PROTECTIVE INS.			4,000	.02
PROVIDENT GEN.	Inactive			
PROVIDENCE WASH.	3,000	.01		
PRUDENTIAL REINS.	Reinsurance			
REDLAND INS. CO.	Inactive			
REPUBLIC INS. GRP	Inactive			
REPUBLIC WESTERN	Inactive			
REINSURANCE CORP.	Reinsurance			
RLI	Inactive			
ROCKWOOD SERVICE			62,000	.24
SAFETY MUTUAL	Workers' compensation			
SCOTTISH & YORK	Inactive			

SILVEY	Inactive			
SKANDIA	Reinsurance			
SOUTH CAROLINA	Licensed but inactive			
SOUTHERN AM. INS	Licensed but inactive			
SOUTHERN INS.	Inactive			
SPHERE DRAKE	Licensed but inactive			
STATE SURETY CO.	Surety & bonding			
STONEWALL & DIXIE			34,000	.13
SUMMIT FIDELITY	Surety			
SUN INS. CO.	Inactive			
TEXAS GEN.	Inactive			
TICOR	Title			
TRANSAMERICA	950,000	2.26	192,000	.74
TRENTON NAT.	Licensed but inactive			
UNICARE	Inactive			
UNIGARD	224,000	.54	194,000	.75
UNION INS.	Inactive			
UNION STANDARD	Inactive			
UNITED AMERICAS	Reinsurance			
UNITED FIRE & CAS.	Not licensed			
UNITED GUARANTY IA	Mortgage			
USAA	Personal lines			
UNIVER. REINS.	"Run-off" status			
UNIVER. UNDERWRTRS			9,000	.04
UNIVER. SURETY	Surety			
UTAH MED. INS.	Medical liability			
UTICA MUTUAL			34,000	.13

VEREX	Mortgage			
VIKING	Personal lines			
WAUSAU	39,000	.1	2,000	.01
WESTERN EMPLOYERS			40,000	.16
WESTERN INS. CO.	Reorganization			
WESTERN WORLD	Licensed but inactive			
WESTFIELD	Inactive			
WESTERN SURETY			16,000	.07
WISCON. MORTGAGE	Mortgage			
YOSEMITE	Consumer credit			
ZURICH-AMERICA	Licensed but inactive			
TOTALS	$5,541,000	13.88%	$3,419,000	13.41%

DEFINITIONS:

LICENSED BUT INACTIVE - The company is licensed in the State of Montana but is inactive or does not underwrite premiums in the categories of Commercial Multi-Peril (CMP) or General Liability (GL).

INACTIVE - Company is licensed in the State of Montana but does not underwrite any lines of insurance or premiums.

NOT LICENSED - Company is not licensed to underwrite insurance in the State of Montana.

APPENDIX #30

MONTANA INSURANCE ASSISTANCE PLAN

Bank Account Summary

Account Created: 6/24/86
Location: First Security Bank, Helena, MT
Initial Deposit: $600.00 (Application fees from Powder River County Application, 6/24/86)

Date	Deposit	Withdrawal	Explanation	Balance
6/24/86	$600.00	----	Deposited App. fees from Scobey & Powder River Applications	$ 600.00
6/26/86	$300.00	----	Deposited Application Fee from Park County Application (refund from earmarked acct.)	$ 900.00
6/27/86	$ 50.00	----	Deposited Application Fee from Play Inn Bar Application.	$ 950.00
7/03/86	$300.00	----	Deposited Application Fee from Carbon County Application.	$1,250.00
7/17/86	$ 50.00	----	Deposited Application Fee from Briarwood Application	$1,300.00
7/21/86	$ 25.00	----	Deposited Application Fee from Donna Monroe Application	$1,325.00
8/06/86	$300.00	----	Deposited Application Fee from McCone County Application	$1,625.00
8/12/86	$300.00	----	Deposited Application Fee from Missoula County Application	$1,925.00
8/12/86	$300.00	----	Deposited Application Fee from Roosevelt County Application	$2,225.00
9/10/86	$300.00	----	Deposited Application Fee from Lewis & Clark County Application	$2,525.00

9/10/86	$300.00	----	Deposited Application Fee from Sheridan County Application	$2,825.00
9/10/86	----	$50.00	Refunded Application Fee from Play Inn Bar Application	$2,775.00
9/16/86	$300.00		Deposited Application Fee from Glacier County Application	$3,075.00
9/17/86	$300.00		Deposited Application Fee from Town of Darby Application	$3,375.00
9/19/86	$ 50.00		Deposited Application Fee from Gran Tree Inn Application	$3,425.00
10/16/86	$300.00		Deposited Application Fee from Musselshell County Application	$3,725.00
10/17/86	$300.00		Deposited Application Fee from Powell County Application	$4,025.00
10/20/86	$300.00		Deposited Application Fee from City of Lewistown Application	$4,325.00
10/23/86	$300.00		Deposited Application Fee from Flathead County Application	$4,625.00
10/23/86	$300.00		Deposited Application Fee from City of Kalispell Application	$4,925.00
11/10/86	$300.00		Deposited Application Fee from Prairie County Application	$5,225.00
11/10/86	$300.00		Deposited Application Fee from Lincoln County Application	$5,525.00

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